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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, DEC., 1879. NO. 9.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

Lecture III.

The student of any branch of morphology finds it very desirable to possess as vivid and tangible a conception of the given structure described as is possible, and one essential to such conception is a knowledge of the measurements, both absolute and relative, of that structure and its component parts. In my first lecture I furnished no detailed measurements, as it then was my object to bring into relief only the leading facts; now may be a proper time to fill the gaps in the description, previous to considering the more intricate changes which next come up for consideration.

The *mature Graafian follicle* measures, on the average, about 10-15 millimeters in its greatest diameter.

The mature ovarian ovum of man as well as of the dog, sea-lion and cat, measures about *one-fifth of a millimeter.*

The zona pellucida is in thickness, about one-hundredth of a millimeter.

The Purkinjean vesicle in a maturing egg, just before its disappearance (Lecture I), measures one-twentieth of a millimeter.

If we were to represent the diameter of the Graafian follicle as 10,000, the entire ovum would equal 200, the zona 10, the Purkinjean vesicle 50, the Purkinjean (germinal) spot 5, the height of each individual epithelial cell in the cumulus granulosus about 20. Or if I were to represent the ovum as a whole by 1,000, the Purkinjean vesicle would equal 250, its spot 25, the thickness of the zona 50, the height of the epithelia 100.

It would take about one hundred and fifty ripe, unimpregnated human eggs to make up a row one inch in length. An investigator possessing a very acute degree of vision could see such an egg with the naked eye, under a strong light and on a black background, as a faint spot.

As I have taken occasion to state, of all the structures of the human and mammalian ovum, only the *vitellus* is *directly* concerned in the formation of the future animal; hence its title of a *germ.* In the vitellus we trace all those subtile and gradual changes which culminate in the formation of the bodily contour, as well as of the organs and somatic systems contained within it. Now, although the *vital* manifestations of the vitellus are the active factors of embryonic development, and *qualitatively* the vitellus is fully competent to originate all the initial steps of development, it is defective in the *amount* of its material. As just seen, its supply of material is exceedingly small, and an *accessory* supply must be pro-

vided for, if development is to continue beyond the first periods of segmentation.

In different vertebrates this is provided for in different ways. In the teliost fishes (herring, salmon, trout, pike, etc.), most of the elasmobranchi (sharks, rays, etc), scaly reptiles (alligators, turtles, snakes, lizards), and in birds, the ripe impregnated egg is expelled from the mother, and provided with an *appended nutritive vitellus*, distinguishable from though more or less in union with the essential formative or plastic *vitellus proper*, which latter yolk it is to nourish. The mother, in this instance, nourishes the embryo and fœtus by deputy. Since the deputy stock of provisions is to last through the whole more or less protracted period of incubation, it follows that the egg provided with its reserve supply must be immensely larger than where only the germ proper constitutes the entire egg, as in man! This accounts for the great size of the bird's, reptile's and shark's egg, and such eggs, characterized by the union in them of *formative* or *principle yolk* with a *nutritive* or *accessory yolk*, are termed *meroblastic* eggs.

In another group of animals, such as the *mammalia* and *amphibia* among vertebrates, and *some* of the *arthropoda mollusca* and still lower groups, *only* the principle yolk is represented, and nutrition during development is carried on without the intervention of a nutritive yolk. The ova are, therefore, as a rule, much smaller than the meroblastic eggs of the chick, plagiostomi and reptiles; eggs of this kind are called *holoblastic*, and to this class belongs the human ovum.

Now among holoblastic eggs we can, in turn, distinguish two fundamental subdivisions. The one consists of holoblastic eggs which develope within the body of the mother, and are nourished exclusively by the mother, such are the eggs of all the mammalia. The other consists of eggs which are developed outside of the maternal passages. These eggs not being provided with a reserve stock of nutrition like meroblastic eggs, nor connected with the nourishing maternal organism like the mammalian holoblastic egg, *must* be provided with some other means of obtaining an increasing growth. Accordingly we find that the vitellus of the *amphibian* holoblastic egg is rapidly developed into a creature, which already, at the embryonic state, becomes a *free animal*, and is able to look for its own sustenance. So that while the human embryo, as well as that of the chick, the former being developed from a holoblastic, the latter from a meroblastic egg, run through all the stages of embryonic and fœtal development before becoming free organisms, the frog's and insect's become such free organisms while still undeveloped. Consequently a great many steps in development which are run through very gradually within the uterus, by the mammalian, and within the eggshell by the sauropsidean (lizard, bird, etc.) organism, are completed by the amphibian and insectean organism while in the free state. This latter form of developement is marked therefore at one period by the existence of a *larval* or imperfect condition.

However ultimately different the amphibian is from the mammalian embryo, the respective ova have this in common, that they do not possess a separate and distinct nutritive or accessory yolk.

The meroblastic egg may be defined as consisting of a germ-yolk (essential yolk, principle yolk, *Hauptdotter* His) and a nutritive yolk. Since only the former part undergoes a perfect segmentation, embryologists speak of meroblastic eggs as undergoing a *partial* segmentation.

The holoblastic egg may be defined as consisting exclusively of germ yolk, and as undergoing *total* segmentation. In speaking of the various groups of animals that develope from meroblastic eggs, I stated that, as a rule, the embryo developed *outside* of the maternal organism. There are several apparent and one real exception to

this rule, which will be considered, and their proper signification shown in a later lecture.

Although the diagnostic marks given above as separating the holoblastic and meroblastic eggs from each other are invariable, yet it must not be supposed that there is an absolute and impassable boundary between the two. The different portions even of the human germ we have already shown play relatively more or less important rôles in the development of the embryo, and in point of fact it happens that in the next stage of development that I should have to consider in this lecture but for the present digression, one phenomenon occurs, which is not explicable on any other ground than that certain of the segmentation spheres, bear to the rest of the segmentation spheres of the holoblastic egg, an analogous relation to that borne by the nutritive yolk to the germ in the meroblastic ovum.

There are other changes of the holoblastic egg (of which the human is an example, as stated) that would be incomprehensible by themselves, and unless we compared them with analogous more intelligible processes noticeable in the meroblastic egg.

These are the formation of the *area germinativa* of the *primitive groove* and of the *umbilical vesicle*. Therefore, leaving the human egg for the present as described at the end of the last lecture, in its transition stage, between the mulberry (*morula*) and vesicular stages, we will briefly run over those points in the meroblastic ovum's development which are calculated to elucidate the ill understood points in the development of the human ovum and embryo.

If we examine the yolk of a chicken's egg, we will find at one point a round white field varying in diameter from one-tenth to one-sixth of an inch. This is ordinarily called the *cicatricula*, or cock's tread, and is considered, though erroneously so, a sign of impregnation. This cicatricula represents the *entire* vitellus of the human ovum, and although so minute as compared with the mass of the yellow yolk, yet is the most essential part of the egg, the yellow yolk being merely an accessory. If we examine the cicatricula by means of a transverse section through the yolk (hardened in alcohol or by boiling) we will find that it is a disc-like expansion, resting with its edges on the yellow yolk and in its center covering a small cavity sunk, as it were, into the center of the yellow yolk. Now while segmentation occurs in the cicatricula or germ, we notice that the superficial part of the germ segments much more rapidly than the deeper parts, just as the *corresponding ectoderm hemisphere* of the human egg similarly excelled the entoderm hemisphere of the same (Lecture II). We notice, also, that that portion of the nutritive yolk which lies nearest the cavity developes large round granular bodies, resembling segmentation spheres which wander up to and join the germ proper. This shows that before the developement of a circulation the nutritive yolk takes part in the development of the embryo.

In the bony fish the nutritive yolk itself shows indications of segmentation, which rudimentary segmentative power it presumably owes to the then extra-germinal protoplasm surrounding it (Oellacher).

As a whole, we can say that the superficial part of the germ proper segments most rapidly, that the deeper part segments less rapidly and the nutritive yolk feebly and then only owing to the admixture of germ yolk. We perceive here a gradual transition, and from the point of view of activity in the segmentative process the deeper part of the germ merits the title given by van Bambeke, *couche intermédiare*.

Now, since we find, even in the human egg, that one part, the ectoderm, segments more rapidly than the entoderm, and so we shall see further a part of this entoderm is still slower, and very late in joining the embryonic trace, we perceive in the human

egg the homologue of a nutritive yolk. I will add that there are features in the development of the bactracian embryos, which prove my provisional statement that *in eggs without a nutritive yolk, the entoderm, or a portion of it, plays the morphological rôle of such a nutritive yolk.*

What is the rôle of the nutritive yolk? If we watch the development of the chick's germ, we shall see it most clearly. The germ proper, as it continues to grow by the accession of the large elements from the floor of the yolk cavity (Peremeschko) is found to differentiate itself into a central clear area, which forms the future embryo and amnion, and a peripheral darker layer. The former is known as the area pellucida, better *area embryonica*, the latter as the area opaqua better *area vasculosa.*

This latter *vascular* membrane continues extending in expanding circles over the surface of the yellow yolk, covering larger and larger areas of the latter as it so grows, finally passes the equator of the yolk spheroid, and leaving a smaller part of the lower hemisphere uncovered with every day of development finally surrounds it entirely. Thus the yellow yolk has become imprisoned by the developing membranous expansion of the essential yolk or germ. In other words, the yellow yolk of which before the germ proper appeared to the untutored eye an insignificant appendix, has now become an appendix of the germ in appearance, as it has been all along in fact. The vessels contained in the *area vasculosa* travelled with it when the latter surrounded the yolk, and endowed with the power of transporting the yolk material to the embryonic area, they continue reducing the yellow yolk in bulk, in proportion as the embryo requires material. Whatever is added to the embryo, is taken from the yellow yolk, and soon the embryo overlaps the area vasculosa, so that the latter and its contents hang appended to the ventral aspect of the embryo like a bag filled with yolk. The area vasculosa has become the *yolk-sac membrane;* with its yolk contents it constitutes the *yolk*, or *vitelline*, or *umbilical-vesicle.* The pedicle by which it is connected with the intestinal cavity of the embryo is called the *vitelline* duct (ductus omphalomesentericus). It is evident that in all embryos possessing a large yolk, and depending on this yolk for building material, the umbilical sac and its vessels are very important. Now in man (and in all placental mammals) although yolk nutrition is not required to any extent deserving emphasis, yet we find the umbilical vesicle, the vitelline duct and the vessels of these structures developed. Having no physiological importance, and having no permanent structural relations unless exceptionally, as when they form the basis for a certain intestinal deformity known as the *diverticulum ilei*, we must regard them as expressions of that wide-spread homology in embryonic development found to exist between the most different animals, and which, as I shall have repeatedly occasion to refer to, is the strongest basis on which the evolution doctrine rests. I have, before mentioning the existence of structures in the human embryo which seem to have no distinct and special object, thought it best to elucidate the morphological significance of these structures by referring to the case of the chick's embryo, in which their function is clear.

As the human ovum is placed under entirely different circumstances from the chick, shark, trout or tortoise embryos, and while it developes purely as ancestral attributes the same nutritive appendages found in the latter, it requires additional ones to bring it in connection with the maternal organism.

While the meroblastic and amphibian holoblastic egg is, after separating from the Graafian follicle, driven out of the maternal connections entirely (with exceptions to be referred to at a proper time), the mammalian ovum (man) reëstablishes its connections with the maternal tissues.

The nutritive yolk, and other appendages of the chick's egg were furnished it as it passed from the Graafian follicle through the oviduct. The vicarating *primitive chorion* of the human egg had its primordial origin in the Graafian follicle, namely, in those cells of the granular cumulus which, adhering to the outer side of the egg membrane, we shall, in the next lecture, study under the name of a *membrana granulosa*.

New York, 130 E. 50th street.

Clinical Reports.

A CASE OF SUSPENDED ANIMATION.

BY T. J. REID, M. D.

The editor of the Clinical Record having requested my notes of a case which has acquired considerable notoriety from reports given to the secular press by relatives of the patient, I herewith transmit them for publication:

W. J. Yost is of medium stature, with a large head; about fifty years old; of temperate habits, except a free use of tobacco, and by profession a lawyer. He had enjoyed good health in the main until last March he was troubled with difficult breathing and great distress about his chest, in his language, as if he "was breathing through a dry sponge," which lasted about six hours. Ten days later he had a second attack very similar to the first, except the addition of a very distressing cough and great pain about the stomach, aggravated by any kind of physical exercise. In the April following his feet began to swell, and by the first to the middle of May thereafter he presented an extreme case of anasarca. During this time he was treated at his home by Dr. J. E. Bronson, who advised tapping. He would not consent, and two unsuccessful attempts were made to produce blisters upon the pendent portions of his inferior extremities. The emplastrum cantharid s was allowed to remain on the inner and posterior portions of the calves of his legs six to nine hours with no perceptible effect. Immediately after removing the second fly plaster a few drops of cold water over the same promptly produced good blisters, which, by vicarious action, drained the entire effusion from the serous cavities until he was gradually relieved to the knees. These secreting ulcers which spread over all the pendent portions of the legs, from an inch or two below the knees to the ankles, have been benign, and spared his life so far. They are still performing their merciful duty, and do not allow any accumulation of fluid above their positions.

They have been extremely painful at times, and took on an electric character of pain for about a week or two before his condition of "suspended animation," as described in the Cairo (Ill.) *Argus*, *Globe-Democrat*, the Jefferson City (Mo.) *Daily Tribune*, and other newspapers. Still, before his arrival at Hot Springs, he states that, as when I first saw him in the latter part of the past summer, his urine was always scanty and high colored; specific gravity 1040. The secretion from the ulcerated extremities was, like the urine, highly acid and caused, all the time, a burning pain, etc. On his arrival I found him suffering with dyspnœa and a very considerable *enlargement of the heart*, causing mitral insufficiency with dilatation and regurgitation; the pulse was intermittent. His general health was very good except occasionally loss of sleep from the pain in his limbs induced by the excessive œdema and the irritative chemical character of the secretion constantly flowing therefrom. Frequent examinations of his urine, which was scanty, high colored, acid, and of a specific gravity ranging in three weeks from 1030 to 1040 and daily quantity not over eight ounces to a pint, showed no albumen, no phosphates, but a large amount of the crystals of uric acid, cystine and confervoid

growths. The secretions from his ulcerated legs developed about the same characteristics as his urine, except an admixture of pus and blood corpuscles.

On November —, I was called in great haste and found Mr. Yost apparently dead; no pulse, no breathing, evidently moribund. A careful examination developed that his body and extremities were warm, pupils contracted and the veins of the extremities unusually full, which would refill very rapidly after removal of pressure. The expression of his features was as if distorted by pain and drawn to one side. I applied a sinapism to the spine, lowered the head below the level of the body, and in a few moments applied electricity—strong current—to cervical and dorsal regions, and practiced artificial respiration for some minutes before signs of life returned. I suppose this indefinite period lasted a half hour or more. The first few times he breathed unassisted, showed his bronchial tubes to be filled with a tough phlegm sufficient to exclude the air almost entirely. I turned him face downward over the side of the bed, which caused him to cough and loosened the viscid mucus so that I could reach and remove it with my fingers. It was so tenacious that it looked as if a rope was being withdrawn from his mouth. After this his respirations rose to four to the minute, which was about seven, P. M., at eight P. M. to six to the minute, at ten P. M. to nine to the minute, and the pulse could be detected at the wrist, but very irregular, failure seeming to depend on regurgitation, which was as constant as the effort of the heart to send the blood to the general circulation. At eleven P. M. the pulse improved and was more distinctly intermittent with a better character of action; this gradually improved, as did his breathing, until four A. M., when his respirations reached fifteen to the minute, his irregular pulse went up to sixty-six to the minute. After eleven P. M., he would swallow anything put into his mouth, and I gave him strong coffee, aromatic spirits of ammonia, and used at the beginning, aqua ammoniæ and nitrite of amyl until it seemed to disturb the natural breathing.

I kept him *continuously agitated*, because whenever we would relax our labor at resuscitation he would instantly cease to breathe and the heart, also, would cease to act. We could not leave off our attendance until his respirations reached fifteen to the minute.

For two days previous to this suspended animation, he was free from pain and did not take medicine of any kind, and never but once did I give him an opiate, and that was two weeks previous to this attack.

His general condition is very much improved. Ulcers still secreting; urine considerably changed, natural in color, specific gravity 1020; no confervoid growths, no excess of uric acid, small amount of cystine still, and quantity about three pints daily. The secretion from ulcers on the limbs contains some laudable pus of late, and much of the ulcerated surfaces of the limbs have healed and the heart has improved so as to exhibit only an intermittent condition without its former evidences of regurgitation. The good result gained in this case is owing to jaborandi and the daily use of the celebrated mineral waters of the Mountain Valley Springs near this place.

I had with me several medical aids, but their prognosis was unfavorable, and they abandoned me to the long and tedious labor alone, and I had no assistance except from a few faithful laymen. I shall always feel proud of this night's work, for I have prolonged, if not saved, a valuable human life. Mr. Yost is a splendid gentleman, a fine humorist, full of anecdote, and relates some amusing incidents of his "crossing the *River Styx*," and return from the "dark Plutonian shore." He says that he hopes to return restored to health to Illinois, to stump the State for his political favorite, and tell his people what a grand reception awaits the latter beyond the

Styx when he has gotten through a presidential term.

I trust my notes of this case may *teach us, in cases of sudden death, not to fail to examine*, and, *at least, to try resuscitation*, if any hope is entertained *that it is or may be suspended animation.*

I sent the two telegrams that brought Mrs. Yost to Hot Springs, and on her return to her home she gave the newspaper account referred to in the editor's letter.

Please accept my congratulations for the valuable medical literature that the CLINICAL RECORD favors us with.

HOT SPRINGS, ARK., Dec. 187[illegible].

NERVOUS AFFECTIONS OF MALARIAL ORIGIN.

BY JOS. L. BAUER, M. D.

In the domain of medical science, so many different manifestations of disease present themselves, that it has become necessary to divide it into specialties, in order that more time and study may be given to particular local disturbances. Notwithstanding all this, many differences of opinion occur, even among specialists, but how much more difficult must it be for the general practitioner to make the finer diagnostic distinctions, when he is compelled to treat all cases in a bulk, and where time and taste can not be consulted. Nervous diseases, especially, demand the closest study and observation; even then, great errors are committed. I have had two cases of the latter class, and must confess that the diagnosis of one could not have been made without the assistance of my friend, the editor of the CLINICAL RECORD.

CASE I: DIFFUSE NEURITIS.—Mrs. T., a German lady, aged twenty-eight, mother of three children, sent for me about five months ago. Upon questioning her, I ascertained that she had been treated for the last three months for a liver trouble. My examination showed the following condition: Skin leucocythæmic, body emaciated, marked œdema about the lids and lower limbs, pulse rapid and weak, tongue anæmic and coated, bowels constipated, moving every three days; complained of severe supraorbital headache and severe lumbar pains, the latter recurring at times when she *expected* her menses; there had been no menses for the last two years; slight leucorrhœa; bearing down pains with occasional ovarian tenderness; urination frequent, no albumen or sugar; lungs and heart normal; liver slightly enlarged and tender; spleen very large, hard and tender. Upon examining uterus with finger and probe, I found almost complete cervical atresia. Fever continually, with short remissions; no appetite and much thirst.

I paid little attention to the uterus and the amenorrhœa, but attacked the malarious manifestations with large doses of quinine; ℥i in twenty-four hours; ungt. hydrarg. cum Belladon. externally over liver and spleen and occasional doses of calomel to relieve bowels. During the treatment, I noticed the appearance of ascites, which was quickly subdued by digitalis, potass. nitras and ol. juniperis. Three weeks had elapsed and the patient was to all intents convalescent. She frequently assisted her maid and gardener and felt that her cure was complete. Nevertheless, I advised her to adhere to her quinine and iron until I deemed it necessary to cease. A week subsequent to her discharge, my patient made a trip of twenty miles in an open spring wagon; she left early on a sleety, windy morning and arrived home during the night. A few days afterwards, being recalled, I made the following discovery: my patient had, what seemed to be, double supraorbital neuritis extending down the left side of neck, shoulders and scapula; vision somewhat dim and the orbits bulged, as it were. Not having any febrile manifestation, I thought that exposure was the

cause of her trouble, and I prescribed valer. ammon., valer. tinct., bromid. potash, hydrate of chloral, morphia and counter irritants. Nothing availed, the condition rapidly grew worse and the woman totally blind. Recurring to the country practitioner's *chimera*, malaria, I returned my patient to her old quinine regimen with the addition of 1-50 of a grain pills of arsenious acid five daily. To my gratification, all symptoms disappeared and my patient entirely is now relieved.

Case II: Poliomyelitis Anterior.—During treatment of the above case, I was called to see a little boy, aged nine years, of seemingly good constitution, whose only complaint was an inability to walk and use his arms. Upon inquiry, it was ascertained that he had been suffering from tertian fever for about one year, most of his attacks being violent. He was fairly intelligent and could write well. It was noticed that his *writing* and motility grew worse simultaneously until I saw him. His examination evinced the following conditions: Face full; skin slightly icteric; tongue coated; appetite good; lungs and heart normal; liver tender; spleen enlarged and tender; bowels regular; urine normal. Whilst undressed, I percussed the spine in its whole length; found some tenderness between fourth and sixth cervical vertebræ, which was confirmed by the aid of a hot sponge; complete anæsthesia of the fingers, decreasing as I proceeded towards the trunk; the same of the feet; frequent nervous tremors; walk unsteady and dragging; would walk a short distance and was caught to prevent falling; could not raise himself when in a sitting or recumbent posture; fingers had lost their grasping qualities owing to anæsthesia.

Believing I had a case of myelitis of some kind from malaria, I put the boy on quinine, belladonna, nux vomica internally, ungt. hydrarg. along the spine and the galvanic current. The pain soon disappeared and motility became somewhat improved, but very slight. Not being satisfied with my treatment, I consulted Dr. Wm. B. Hazard, of St. Louis. He corrected my diagnosis and advised me to exclude nux vomica and ungt. hydrarg. and to add good doses of arsenious acid. The advice was followed, and I am pleased to state that my little patient is improving markedly. The remnant of the disease can be found in slight tremors and some inability to write.

St. Libory, Ill., Nov. 20, 1879.

P. S.—Since writing the above, Dr. W. H. Gibbons, of Petersburg, Ills., informed me of a severe case of chorea in his practice, which had improved materially under arsenious acid treatment.

ON "INGLUVIN" IN OBSTINATE VOMITING.

BY S. T. DAVIS, M. D.

I beg leave to call the attention of yourself and asseciates to a very obstinate case of functional derangement of the stomach in which Ingluvin was used with prompt relief: Was called, June 10, 1879, to see Mrs. E. in consultation with Dr. S. Found patient in bed, pale and nervous, eructating great quantities of gas from the stomach. Bowels constipated, abdomen tympanitic, pulse irregular, palpitation of the heart, temperature normal. Upon inquiry, I found that the patient had been suffering for six weeks in addition to other of her distressing symptoms, vomiting nearly all the food she had taken. She had taken oxalate of cerium, pepsin, lactopeptine, carbo ligni, alkalies, bitter infusions, calomel, and been purged, cupped and blistered. I suggested the use of Ingluvin, in ten-grain doses, every two hours, interdicting fluids as much as possible, and in three days she was better, in two weeks well. It will control the vomiting of pregnancy in five cases out of six, if given in large doses.

Lancaster, Pa., Nov. 1879.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

CASE OF TALIPES EQUINO-VALGUS.

The patient, a child aged two years and a half. When six months old it was affected wth imperfect hemiplegia of the left side. The paralysis came on suddenly, involving the lower extremity to a greater extent than the upper one. During the following six months the use of the limbs was completely restored with the exception of the foot which remained defective. A few months later, the parents noticed that the heel was elevated, that the foot was turned outward, and when the weight of the body rested upon it the arch gave way, presenting a regular flat-foot. Aside from the trouble above named the child has been healthy.

When presented at the clinic the affected foot was found to be partially extended by contraction of the gastrocnemius and soleus muscles and could not be flexed to a right angle with the leg. The tibialis anticus was paralyzed, allowing the obliteration of the plantar arch, and the peroneüs longus and brevis were slightly contracted causing an eversion and rotation outward of the foot. In other words, the condition was a moderate degree of talipes equino-valgus.

Prof. Bauer called the attention of the class to the varied impediments of the foot, and in order to demonstrate the anatomical derangement of the bones, he exhibited a pathological specimen showing the condition in an extreme case of talipes equino-varus, and compared it with the normal relations of the leg and foot.

He stated that talipes varus and valgus are anatomical contrasts. In both, the articulation between the two rows of the tarsal bones is the seat of the deformity. In varus the anterior row glides inward on the posterior, which in old cases may amount to a complete dislocation; the angle of infraction is at the inside of the foot und the span of the arch is consequently increased. In valgus the anterior row glides outward, the scaphoid bone protrudes on the inside, and the angle of infraction is formed on the outer side of the foot. In advanced cases of this variety the plantar arch is completely destroyed and the inner margin of the foot comes in contact with the floor. In other words, in varus, the external margin of the foot is converted into the sole, and in valgus the internal. The contrast extends even to the malleoli, viz: in varus the external malleolus apparently protrudes from the receding tarsal bones, while the internal is embedded in the angle of infraction. In valgus the opposite condition is present. The complication with equinus is the same in both. In both, the structures around the knee-joint are somewhat relaxed and allow rotation of the tibia upon the femur, sometimes the hip-joint is in a similar condition.

The present case is not an excessive form of equino-valgus, and the prognosis is in every way favorable: first, because of the mildness of the deformity; second, because of the marked improvement already taken place in the paralysis of the leg; third, because the remedies we possess are amply sufficient to effect a reformation of the foot.

As to treatment, the question might well be raised as to whether or not it would be advisable to divide the muscles thus contracted and shortened under the influence of central irritation.

Some surgeons, as, for instance, Barwell, suggested extension as a reliable remedy. Prof. Bauer, however, thought that anæsthesia alone could decide the question whether extension would suffice or division of the contracted muscles be necessary. If under anæsthesia the contracted muscles yield to manipulation, extension is indicated, if they resist manipulation, division

is the remedy. In the former case the myolemma, that is the elastic structure of the muscle is at fault, in the latter the essential structure is implicated and in a state of tonic contraction. Sometimes an organic change in the muscular structure may prevail, as, for instance, hypertrophy of the myolemma at the expense of the fibrils. In such a case tenotomy is the only remedy. Division, if resorted to, should be followed by the application of electricity to the paralyzed muscles, massage and passive motion; and, by means of a suitable brace, the foot should be held in a position of moderate flexion. The after treatment may require several months.

At the close of the above remarks the patient was placed under the influence of chloroform. The gastrocnemius and soleus muscles being found in a state of permanent contraction, the tendo Achillis was divided. The peronei muscles offered such slight resistance that their division was deemed unnecessary, at least, at that time.

After the operation the wound was closed with cotton, bandage, and a leather splint bound to the front of the leg and foot in order to keep the latter completely extended so as to approximate the fragments of the severed tendon.

Dr. B. remarked that according to experience the wound in the skin would agglutinate in twelve hours, the wound in the tendon would unite by soft material in eight or ten days, after that time the position of the foot would be changed to progressive flexion with the view to lengthening the intermediate structure uniting the ends of the tendon. In about fourteen days the instrument would be applied to fix the foot in a slightly flexed position.

CASE OF KELOID OVER THE STERNUM.

The patient is a female, aged twenty-two years, tall, well built, well nourished and regular in her habits; aside from her present trouble she enjoys exceptionally good health.

About six years ago, while she was pouring coal oil on the fire, the flame ignited her clothes in front, causing a severe burn of the flesh over the upper two-thirds of the sternum. This injury healed by the ordinary process of cicatrization, and for several months nothing occurred to cause alarm. Then it was noticed that the scar changed color, enlarged and became striated and painful.

She applied to a physician for relief and the cicatrix was removed by the knife, the wound healing by first intention. Soon afterward the same changes appeared in the second cicatrix and she applied to another physician who destroyed it by means of arsenious paste, but as soon as the wound healed the same degeneration of the cicatrix returned. The application of the caustic was thus repeated three times with the same unfavorable results. In February of this year, excision of the cicatrix was repeated by a surgeon of this city, but again the degenerative condition returned.

In the beginning of November, the patient was presented at the surgical clinic of this institution, when the following characteristics of the morbid growth were observed: A longitudinal cicatricial ridge was located over the sternum, extending from the interclavicular notch downward about six and one-half inches, and having a width of about two inches.

It had the appearance of an ordinary cicatrix, with longitudinal and transverse ridges, was pallid in color, and, therefore, in marked contrast with the surrounding structures. Its vascularity was obviously meagre, there being no visible trace of vessels entering or discoloring the morbid tissue. It was firm to the touch and moveable; no marked pain was produced on pressure, nor did the patient complain of any. On each side of this growth, parallel with its longitudinal borders, and separated from them and from each other by healthy integument, were six eminences, each of the size and form of a split pea, said to correspond to the points of entrance and exit of sutures

used in the last operation. These little tumors presented an even surface, pinkish color and, like the principal growth, were both firm to the touch and moveable. There was no enlargement of the neighboring lymphatic glands nor any other evidence that the constitution had suffered in the least.

Prof. Bauer commented on the case as follows: This is a case of keloid of singular interest, not so much in reference to its origin from a burn, which is a rather common causation, but from the fact that it has relapsed six times and withstood both excision and the use of potential cautery.

Keloid growths are not classed among the heterologous tumors; are not self-infectious; nor do they compromise the constitution, and therefore are not deemed cancerous. It must be conceded, however, that our clinical knowledge of keloid is rather imperfect, for it so rarely occurs, that even surgeons of large practice have few opportunities of observing it. Its structure is well understood and recognized as fibrous, with a moderate complement of cells and vessels. According to its structure, it should be a benign, non-recurrent tumor, yet experience decides otherwise. at least in reference to its recurrence.

Some pathologists, as, for instance, Rindfleisch, class it under the head of sarcoma: others present it as a fibrous growth. Surgeons are likewise at issue with reference to treatment. Some prefer temporizing under the impression that keloid never exceeds a certain point when it becomes arrested in its progress; others insist upon its free and deep excision, more particularly when it becomes painful.

Although he (Prof. B.) had seen but few cases of this character, he was inclined to follow Billroth's advice in removing it. Obviously, the growth was of a strictly local character, and hence there was no contraindication to the operation on that score. It should also be borne in mind that the fascia of the chest underlying the tumor is of the same structure as the tumor, and that it may furnish the matrix to the growth, hence its removal might prevent relapse. For this opinion his experience had furnished him some tenable ground.

Sarcomatous tumors growing upon or in the immediate neighborhood of fasciæ had returned in his practice until he had removed the fascial basis, when they ceased to return. Again, the seat of the keloid tumor had its significance, which should be duly considered by the surgeon. It was rather strange that the growth of keloid was more frequent in scars of burns at the very place where this was found, that is, on the front of the chest, and rarely anywhere else. Perhaps the scantiness of vessels over the sternum had something to do with its growth and recurrence.

While admitting that the prognosis in this case was not very encouraging, he thought that by changing the usual mode of procedure a favorable result might be obtained. The following plan of treatment was forecast: He would remove the tumor by excision, including with it a part of the adjoining integument and the subjacent fascia; second, he would cause the wound to heal by granulation and would stimulate the nutrition of the granulating tissue by warm and aromatic fomentations and the occasional application of the tincture of iodine; third, he would institute copious grafting with epidermic cells from other individuals.

The plan of treatment above delineated was begun the middle of November and has since been strictly followed. One month has now elapsed since the operation. The whole surface of the wound is covered with healthy granulations, the discharge of matter is moderate and of healthy character. Notwithstanding the repeated grafting upon different parts of the granulating surface, no cicatrization is noticed except that proceeding from the margins, which

has formed a band of cicatricial tissue one-half inch in width, in appearance healthy, firm and even. As far as can be judged at present, the treatment will answer all expectations.

Translations.

(Translated for the Clinical Record.)

THE BRANCHIAL APPARATUS OF VERTEBRATES AND SOME AFFECTIONS IT GIVES RISE TO IN MAN.—(Thesis by M. Cusset, Laureate of the Lyons Medical School). We condense the following from a review in the *Lyon Médical* of Eebruary 17, 1877:

Believing that embryology alone can explain certain facts in congenital pathology, the author gives a description of the congenital cysts and fistulæ found in man, and divides his work into two parts. In the first, he studies the different phases of development of the face and neck in vertebrates and in man; in the second, he shows the connection, from a pathological point of view, which exists in these regions, sometimes at birth, sometimes later, in man.

In the first part, he describes the branchial apparatus, which exists as a transitory stage, and from which the face and all that part of the neck anterior to the vertebral column are developed. This makes its appearance during the first month of intra-uterine life. As these temporary apparatus will be fully described in Professor Spitzka's admirable series of lectures, we shall be content with an enumeration of the structures which are developed from the four (on each side) branchia and the clefts between them.

The first bronchial arch (temporo-mandibulary) gives rise to the inferior maxillary bone, and to three secondary arches. The first of these forms the superior maxillary and zygoma, the second forms the palatine bone and the external pterygoid apophysis; the third (discovered by Mackel), gives rise to the incus and the malleus. While these processes are taking place from the lateral buds of the branchial apparatus, a median off-shoot develops (the fronto-maxillary) from which the following are developed: the vomer, inter-maxillary bones, and, laterally, the os unguis, nasal and inferior turbinated bones and also a portion of the nasal canal.

The second arch (stylo-hyoid) does not divide like the first, but gives rise directly to the stapes from its superior segment, while the inferior forms the styloid process and the lesser horn of the hyoid bone. Between the first and second arches is found the first branchial cleft, at the expense of which the external auditory meatus, the membrana tympani, the middle ear and the Eustachian tube are formed.

The third arch forms the soft parts of the neck and the hyoid bone; the second branchial cleft is obliterated without leaving any trace of its existence.

The fourth arch gives rise to the cartilages of the larynx; the third and fourth branchial clefts—between the third and fourth arch and between the fourth and the trunk—likewise disappear and leave no traces.

Branchial fistulæ are solutions in the continuity of the soft parts of the neck originating in imperfect obliteration of the branchial clefts. They are simply examples of arrest of development. If the epithelium which covers the branchial clefts should be prevented from being resorbed, their occlusion will be incomplete and there will result an abnormal passage carpeted with a mucous or epidermal membrane. This fistula will be complete or incomplete, blind externally or internally, according to the point at which occlusion fails to take place or the extent to which it occurs. These fistulæ are often hereditary and may follow the opening of a branchial cyst. They are sometimes found on both sides, but are generally unilateral.

In the vast majority of cases the external openings of complete fistulæ are found upon

the antero-lateral parts of the neck, a short distance above the sterno-clavicular articulation. The orifice may be found much higher; generally very small, sometimes it may admit a urethral sound; usually on a level with the skin, it may sometimes be found at the summit of a small red tubercle. The internal opening is generally situated in the lateral wall of the pharynx. It may never be discovered except through the means of a colored injection or by the use of the catheter. It is often spontaneously obliterated. The fistulous tract is usually narrow and crooked; has a wall composed of two layers: a fibrous and epithelial; and may secrete a fluid. Generally, this is clear and limpid, contains epithelial cells, and is increased under certain conditions: cold, menstruation, mastication. Catheterizing this canal may produce very serious reflex disturbances: fainting, respiratory distress, pain, etc.

Blind external fistulæ are like the former variety except that the internal orifice is wanting, but is replaced by a closed sac situated more or less profound, ordinarily near the os hyoides, and generally dilated into a pouch.

Blind internal fistulæ are very rare, their course is generally short, and sometimes they follow the opening of a cyst in the pharynx.

Branchial fistulæ are not dangerous to life, but are frequently difficult to cure, while their treatment is not always devoid of danger. After an examination of all the methods employed, M. Cusset reaches the following conclusions:

First try iodised injections into the fistulous canal, if these do not succeed, Sarazin's method may be used: remove the fistulous tract with the bistoury after having introduced a sound.

Branchial cysts are found in the neck and face. Their pathogenesis, according to M. Régner, is as follows: Some disturbance taking place in embryonic evolution of the branchial clefts, instead of fusion of the entire surfaces of the fissure occurring, the ends only closing, a cutaneous pouch is formed which, presenting all the anatomical and physiological conditions of the normal skin, like it may produce hairs and sebaceous material. On the other hand, athermatous cysts of the neck may be formed when the included portion of the tract is lined with mucous membrane. These contain all the elements of the first variety except hair. These cysts are always situated at the exact points occupied primitively by the branchial clefts. They are quite frequent, and may make their appearance during intra-uterine life or much later—generally at about the age of twenty or twenty-two years the patient places himself under the surgeon's care.

The treatment of these cysts is far from simple. After examining a large number of recorded cases, the author thus criticizes the methods which have been employed thus far:

1. Simple puncture may be employed as a palliative when troublesome symptoms from compression exist. 2. Incision of the sac, by itself, gives no positive results, and may induce prolonged suppuration. 3. *Puncture*, followed by iodised injections, has given some good results, but often fails of attaining the object. 4. Extirpation of the tumor. This should be done with the utmost prudence, in view of the important relations with surrounding tissues: nerves, arteries and veins. In no case should the pouch be cauterized, for fear of provoking inflammation, which may be at first diffuse, or, later, producing adhesions which will interfere with ulterior extirpation.

Cysts of the face are mostly of dermoid texture. They are most frequently situated in the course of the fronto-maxillary fissure, *i. e.*, under the extremity of the eye-brow, at the external angle of the eye, but they may be met with upon the floor of the orbit and in divers other localities. Whatever may be their seat, these cysts always have pedicles which unite them to the skeleton.

Their contents are generally more or less consistent sebaceous materials, and their walls, which have the structure of the skin, present hair, sebaceous glands, and, more rarely, teeth.

The true treatment of these tumors is complete extirpation of the cyst with its pedicle; if the latter cannot be completely removed, it should be thoroughly cauterized in order to prevent relapse or persistence of a fistula.

Contagiousness of Phthisis.—Dr. H. Mollière (*Lyon Médical*, Nov. 23, 1879), in reviewing Musgrave Clay's book on this subject, makes some very pertinent remarks *apropos* of the fact that the alleged contagiousness of phthisis rests mainly upon cases in which wives have appeared to contract the disease from sick husbands, or the reverse, brothers from sisters, etc. "Cohabitation is made to play a great part, *e. g.*, when a wife shares the bed of the patient when he is bathed in profuse perspiration and who spreads around him infected emanations. These cases certainly have a very great value in the present debate; but are they observed only in pulmonary consumption? Do we not see the unfortunates become tuberculous when they give their cares to patients with all other chronic diseases, provided their duration be long and the hygienic conditions under which they are found are somewhat unfavorable? That young women contract the first germs of a chest affection by rising at night to lavish their cares upon their young children? Finally, if phthisis were truly contagious, the sisters of charity, the nurses, the physicians and hospital internes would most certainly be much more frequently affected by this terrible scourge than statistics prove. I will say more, only a very small number among them could escape."

He is not so certain about the possibility of contagion by ingestion of tuberculous products by way of the digestive tract, as has been fully demonstrated for animals, but not yet observed in the human race. He thinks the presumption in favor of its contagiousness in this way is sufficiently strong for public hygiene to take it into serious consideration.

Two Cases of Paradoxical Pulse.—Meixner (*Prager Viertel Jahrssh.*, 1879) A laborer, aged twenty-seven, was affected with left pleurisy, pericardial effusion with double pulmonary infiltration, presenting great frequency of the pulse without elevation of temperature. At first in the form of attacks (142 per minute), later persistent (136–148 per minute). Besides, during inspiration the radial pulse became not only enfeebled but also entirely disappeared. The autopsy confirmed what had been diagnosticated during life: that the suspension of the radial pulse during inspiration should be attributed to a pleuritic exudation, while the acceleration of the pulse was due to the compression of the left pneumogastric by a caseous lymphatic gland with which it was confounded; the nerve being also flattened and thinned.

In a second patient the paradoxical pulse was produced by left, serous, pleuritic exudation; after paracentisis the paradoxical pulse disappeared to return and disappear again with the return and redisappearance of the pleural effusion; so long as the effusion existed the left radial pulse was also weaker than the right.—*Lyon Médical*, November 23.

Treatment of Goitre.—Dr. Le Dentu, of the St. Louis Hospital, Paris (*Jour. de Méd. et de Chir. pratiques*, Nov. 1879) has employed interstitial injections of tincture of iodine, the iodo-tannate solution, or of iodide of potassium, several times with success: He introduces into the tumor the needle of a hypodermic syringe, then causes the patient to make movements of deglutition in order to be certain that the needle has penetrated the goître, and then injects from five to thirty drops. Pain and inflammatory swelling, variable in degree, follow

the injection, but suppuration never, at least this is the case when tincture of iodine is used, it has followed the injection of other liquids. After the period of swelling there occurs a stage of contraction during which the treatment may be commenced anew, without danger of favoring renewed inflammation in the part first penetrated. He allows an interval of ten or twelve days between injections. They should be repeated three to six times in solid goître, and a little oftener in those with fluid contents. In forty-seven cases he has obtained thirty-two cures—in the others there was simple amelioration or relapse.

Essential Ascites,—(Professor Potain, Hôpital Necker, *Jour. de Méd. et de Chir. pratiques*, Oct. 1877) Ascites may show itself in certain cases without it being possible to consider it other than of essential origin. A case was presented of a woman with enlarged abdomen, which dated back a fortnight, during which time she had had considerable fever. Neither the heart nor liver were affected, while the rapid progress of the disease eliminated such causes as tubercle and cancer.

In such cases, in the absence of all other causes, we are obliged to admit a primitive ascites. This sometimes follows a chilling, especially if the belly itself has been exposed to cold. This is observed in drunkards who sleep off the effects of drink extended flat upon the earth. The patient in question is a laundress, consequently she is often exposed to having her abdomen wet. It is true that she has been long exposed to this influence, but it must also be admitted that often in these subjects an unknown modification of the organism may occur which lessens their resistence to continued causes. Her age and general enfeeblement, which is marked, and probably due to her mode of life, may also be involved as causes. However this may be, the prognosis in this form of ascites is much less grave than when it is symptomatic. The effusion may last a long time. At the outset it was a subacute peritonitis, which accounts for the excessive tympanites, and resulting paresis of the intestines. This, with the febrile state, calls for local blood-letting; at a more advanced period, she should be put upon purgatives and diuretics only.

Corvisart's Reply to Napoleon.—The Emperor having, for the moment, given up the divorce, but always taken up with the desire for an heir, asked his wife if she would accept one that *belonged to him only*, and feign pregnancy so that everybody should be deceived. She was far from refusing herself to any of his fancies in this regard. Then Bonaparte sent for his physician-in-chief, Corvisart, in whom he had extensive and merited confidence, and confided his project to him. "If I succeed," said he to him, "in assuring myself of the birth of a boy who will be my own son, I wish that, as witness of the confinement of the Empress, you will do everything necessary to give this ruse every appearance of reality." Corvisart found that his honor was compromised by this proposition; he promised inviolable secresy, but refused to lend himself to what was asked of him. It was only a long time afterwards, and since Bonaparte's second marriage, that he confided this anecdote while attesting the legitimate birth of the King of Rome, upon which doubts, entirely unjust, have been thrown.—Mm. de Rémusat, in *Revue des Deux Mondes*.

Hydrophobia Transmitted from Man to the Rabbit.—(*Le Progrès Médical*, Nov. 15, 1879) M. Maurice Raynaud communicated to the Paris Academy of Medicine at its session of Nov. 4th, the particulars of a case of this nature. In his service at the Lariboisière hospital, he had a patient with this disease. On the eve of the death of this patient, M. Raynaud conceived the idea of inoculating several rabbits with the saliva and blood of this unfortunate man.

Inoculations with blood gave only negative results; with saliva determined attacks of rabies in a relatively short space of time—a few days. He extirpated the sub-maxillary glands of two rabid rabbits, and with this material inoculated two perfectly healthy animals; the results were equally positive—this was followed, shortly afterward, by manifestations of rabies. Science, thus far, has not recorded a single case of transmission of hydrophobia from man to man. Now, in view of these facts, M. Raynaud cannot avoid the conclusion that the results would be the same if similar inoculations (accidental, of course) should be made in the human subject.

A Consanguineous Marriage.—M. Godet entertained the Medical Society of Rheims (May 21, 1879) with some very interesting facts relative to nine children, the issue of a marriage between an uncle and niece. Two children died at an early age; four are deaf-mutes; one is an epileptic, while two only are healthy.—*Union Méd. et Scientif. du Nord-Est.*, 31 Oct. 1879.

Extracts and Abstracts.

A Remarkeble Case of Talipes Valgus.—Prof. Louis Bauer, M. D., relates the following interesting case in the *Medical Brief:*

An eminent jurist desired my visit to his lame daughter. For reasons of his own, he seemed to be reluctant to answer any questions. All I could ascertain was, that the patient had been an invalid for the last three years, and had used crutches for the last eighteen months; that, although there was no swelling, discoloration, deformity, or any other noticeable morbid change about *her left foot*, she could not use it without insufferable pain. When at rest, the foot gave her no inconvenience, nor had her general health been compromised. A cursory examination disclosed at once the varied symptoms of talipes valgus, to-wit:

1, Moderate attenuation of the leg; 2, loss in the span of the plantar arch; 3, protrusion of the scaphoid bone; 4, rotation of the foot at Chopart's joint (articulation between the first and second row of tarsal bones), with depression of the tibial and an elevation of the fibular margin; 5, eversion of the toes, and 6, contraction of both posterior peronæi.

When these muscles were stretched by an opposite rotation of the foot, the very identical pains at the ankle joint were produced, of which the patient complained whenever the foot was put into use. There were no other morbid changes at or about the ankle joint or foot.

Thus diagnosis and treatment were clearly marked out.

On the next day the tendons of the contracted muscles were divided and the deformity thus corrected.

Immediately after the operation, the young lady was induced to stand on the affected extremity and was able to bear her entire weight upon it. The pain had vanished. A letter from her father, lately received, affirms that she has had no more use for crutches.

This case offers no extraordinary points to me, and I would not have thought it worth publishing, if it was not for the fact that some of the most prominent surgeons of the Mississippi Valley had completely failed in recognizing and relieving so perspicuous a case.

When combined talent and experience fall short, it is to be presumed that the general practitioner would appreciate the relation of a case which has made some stir among the learned and advanced portion of the profession.

"To my thinking" the case could be only one of two conditions. It was either synovitis of the ankle joint, or talipes valgus. In both there may be pain and muscular contraction of the peronæi. In the one it is the result of reflex action excited by the inflammation of the tibio-tarsal articulation; the other is often congenital and mostly the result of central irritation and morbid centripetal innervation.

Synovitis it could not be for the following reasons:

1. There were no symptoms of inflammation of the synovial membrane, to-wit: swelling and distention of the joint by effusion, and

2. The pain was not permanent, absent in rest and present when the foot had to bear part of the weight of the body.

Osteomyelitis of the tarsal bones and bones of the leg it could not be, since a duration of three years had failed to effect any disintegration, suppuration, caries or other changes of the individual bones.

Then by exclusion, it was a case of genuine, probably congenital talipes valgus.

It might be averred, that in such an instance the effects of talipes should have manifested themselves at an earlier age. My answer is: not necessarily. A moderate degree of that deformity may exist for years without any serious trouble, provided the patient is not very tall and heavy in weight, or is obliged to lift heavy objects. Now the young lady had of late grown very tall and fleshy; her weight, although but fourteen years of age, had risen to one hundred and thirty pounds. This alone would furnish a sufficient cause to aggravate her trouble. Thus cause and effect are obvious.

A careful logical reasoning should have led to a correct diagnosis. But supposing inflammation had been recognized, the treatment would not have deviated materially. The acknowledged therapeutical rule would have been *to immobilize the joint in an appropriate position*, and *to dispose of existing muscular opposition*. Whether the muscular contraction was reflex or centripetal was of no material weight. The contracted muscles had to be cut in order to reduce the deformity. While it prevailed, the limb was of no use, since the corporeal weight alighted in a prejudicial direction upon the skeleton of the foot and caused a painful stretch of the contracted muscles.

The tenotomy, the most important measure of relief, was neglected, and hence the failure.

I will not reiterate here all the mistakes made in the treatment of the young lady, nor will I set myself up in judgment of my confrères; but this I can say in honest candor, that the moral courage has never failed me to peremptorily decline the treatment of any case, unless I have a diagnosis at the foundation of my surgical action.

Cerebral Syphilis.—Dr. L. E. Atkinson, of Baltimore, relates (*Virginia Med. Monthly*, Dec. 1879) three interesting cases of cerebral disease of syphilitic origin. We have space for his conclusions only: It will be universally recognized that not one of the symptoms of brain disease observed in these patients, presented a feature which could, in any special sense, be termed syphilitic, which could not, equally well, be produced by a non-syphilitic malady. At the same time, they show that widely different morbid conditions may arise from the same source, and that this source, probably more than any other in the pathology of these affections, is within the influence of our art. And it daily happens, that their true nature remains unrecognized, and patients drift into suffering, helplessness, imbecility and death, when the timely and judicious administration of mercury and potassium or sodium iodide could have saved them to life and usefulness. And let it not be forgotten, that if we are to cure these patients, it must be while the *specific* processes are developing or in full activity, while the membrane is hyperæmic and beginning to thicken, the gumma forming, the artery narrowing, and not after the essential parts have been destroyed or crowded out by the unwelcome stranger.

Usually, it is not difficult to recognize the presence of syphilis in these stages, in view of the curious combinations of symptoms displayed; and it is incumbent upon us not to be unmindful of the possibility of a syphilitic origin of any given case so that timely advantage of a proper diagnosis may be taken.

The treatment of cerebral syphilis, then, consists in the treatment of processes essentially syphilitic; and it must be kept in mind, that, apart from these, the results of syphilitic disease of the brain are identical with those of various other affections; they are the indelible traces of a battle that has, may be, long since been fought.

The Different Iodides do not have the same anti-syphilitic powers as we might infer from the teaching of Prof. Atkinson, quoted above. The iodide of sodium, in our opinion, has but very feeble influence in this direction—in fact, we have come to regard it as practically inert. It is very probable that a large proportion of the effects attributable to the potassium salt is due to the well-known solvent action of the base.

A few years since we saw the ill effects—we should say the absence of effect of any kind—of the sodium compound strikingly demonstrated. A young man had epileptic

seizures and hemiplegia following constitutional syphilis. He was kept upon iodide of sodium for many months in spite of the protests of the writer, simply because of the stupid obstinacy of his medical attendant. The attacks of eclampsia returned again and again, and no improvement took place in his paralysis other than might have been expected to occur without treatment. Finally, as the result of a conference with a prominent Eastern asylum superintendent, the physician in charge was made to see the error of his ways and adopt the proper mode of treatment with large doses of the potassium salt with mercury. But the *active* period of the affection had passed by and permanent structural lesions had become established, hence the change of treatment was followed by very imperfect recovery and the unfortunate patient is a hopeless hemiplegic.

The fact that other combinations of iodine have no anti-syphilitic properties should make us extremely careful about abandoning the iodide of potassium in the treatment of any given case, and trusting to the sodium preparation. Such a procedure is an experiment which we have no right to make in the treatment of so serious an affection as cerebral syphilis.

Leprosy.—Dr. Henry Gibbons, Sr., President of the California State Board of Health and senior editor of the *Pacific Med. and Surg. Jour.*, giues his views upon the question of the probability of our country being invaded by leprosy, in the November number of his excellent journal:

"There is not, nor has there ever been, the least reason to fear its diffusion among our people. Unwisely, if not dishonestly, efforts have been made from time to time to alarm the public mind with the idea that we are in danger of an invasion of the disease through the Chinese immigration. The President of the State Board of Health has received, from intelligent persons in the Atlantic States, earnest inquiries whether our nation is likely to be inundated with the plague of leprosy, as might be inferred from certain statements published in California. Whatever may have been the loathsome and dangerous character of the disease in ages long gone by, it has lost its terrors in modern times. The best authorities all over the world agree that it is not contagious or communicable under any ordinary circumstances, and that it is propagated only by inheritance. In fact, it appears to have been dying out during the last centuries, and is now scarcely known, except sporadically in a few countries, and as an endemic in some isolated localities. From the settlement of California, thirty years ago, and the immigration of the Chinese at the same period, individual cases have been observed among the latter. But no disposition of the disease to extend itself has been manifested, and it is a question whether a single case of genuine leprosy has been known in a Caucasian subject during that time. Certainly there is no proof that any white person has contracted the disease from a Chinese leper. * * * * * As far as regards the Caucasian population, leprosy is a mere phantom."

Congenital Absence of Rectum.—Dr. A. L. Carroll, of New Brighton, N. Y., (New York *Med. Record*), reports the case of a male infant in whom the rectum was entirely absent. Dr. C. introduced a trocar, pushing it along the line normally occupied by the gut, to the depth of three and seven-eighths inches, when the cavity of the bowel was reached. There was no chance of drawing the intestinal pouch down to the anus, hence he only hoped to maintain and dilate the sinus he had thus formed. The operation was performed on Nov. 23, 1878, and the case seemed to progress fairly well until Jan. 3, 1879. The advent of severe cold weather seemed to have caused the fatal termination. After discussing the question of malformations of the rectum, he reaches the following conclusions regarding the treatment and prognosis:

1. In congenital malformations of the rectum, exploration from the perineum should always be first essayed, and by preference, with the trocar. If the occlusion consist of a simple membranous septum, it need only be incised crucially with a probe-pointed bistoury. If the intestinal pouch be sufficienly near to the surface, the track of the trocar should be enlarged by the knife, and an endeavor made to bring the mucous lining down to the external wound. If, however, the interruption of

continuity be too great for this proceeding, we should be content with dilatation of the fistulous passage, although with small chance of prolonging life beyond a few weeks.

2. I case of failure to find the bowel with the trocar, a forlorn hope may be sought in colotomy. And here, in view of the probability that the arrest of development has occurred at an early stage, I should choose the right lumbar region as the site of operation.

3. Where the deficiency of the rectum involves a considerable part of its course, the prognosis is almost hopeless, whatever method of operating be adopted.

Dr. Hartshorne's case, reported in the last number of the CLINICAL RECORD, does not appear to confirm all of the above propositions.

CONSUMPTION CURED(?)—Professor Rokitansky, the younger, has astonished the nedical world with the statement that benzoate of soda, given by inhalation, will cure this disease. We copy from the Cincinnati *Lancet and Clinic* the directions for its use given by Dr. Kroczak, of Innsbruck: "We use one part of benzoate of soda in a five per cent. solution, twice daily, to the thousand of the body-weight, by means of a good atomizer, for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly returning appetite with meat diet, fresh air, and abstention from all debilitating causes." It will be well to wait for further trials of this much-vaunted remedy before ordering it in any excessively large quantity.

A CRANIAL SEQUESTRUM.—(*London Lancet*) A sequestrum, consisting of the two parietal bones with portions of the frontal and occipital bones, was recently shown to the Academy of Medicine by M. Benea. The boy from whose head these bones were obtained always had a peculiar, if not pathological profoundness of sleep. At night neither noise nor blows would awake him. One evening he was left alone in the house. When his parents returned they found the boy on the floor, his head in the fire, and fast asleep. His cap and hair were burned, and also a large portion of the scalp. He was put to bed still fast asleep. The boy awoke in the morning and went to the mountains to attend sheep, as usual. Six weeks after the burn, a large slough separated, exposed the cranial vault, and pleased the boy much, as it enabled him to carry bundles of sticks on his head without being hurt by the thorns. Six months later a large piece of bone came away, a portion only being preserved. Oiled linen was applied under the cap, and a year after the accident the entire wound was granulating nicely. At one time pulsations syncronous with the pulse of the wrist were observed, but afterwards they could not be detected. Hence, it is not improbable a new bony covering has formed. The wound is imperfectly cicatrized and will probably soon heal. The boy is now well otherwise, and eleven years old. The accident happened three years ago.

ALLIGATOR OIL.—(Philadelphla *Med. & Surg. Reporter*). Years ago alligator oil was obtained in large quantities in Florida, and was used generally for burning and lubricating purposes. The fat is principally found on the tail and around the intestines. An East India physician states that crocodile oil, which is probably substantially the same, contains a larger proportion of solid fat than either the neat's-foot or cod-liver and other fish oils. It solidifies at the melting point of ice, while neat's-foot oil only slightly thickens, and the others scarcely thicken. He also tried the softening quality of the various animal oils on leather, and in comparison found the leather treated with crocodile oil remained much stiffer than that treated with other animal oils. Whether there is any dietetic or medicinal use of alligator oil we have not heard.

TREATMENT OF PURULENT OTITIS.—(*Gazette Hebdomadaire*) A round piece of wicking may be used to cleanse the ear instead of a syringe. It may be introduced by the patient himself. A gentle rotary motion will carry it to the bottom of the meatus, where it quickly absorbs the pus. This is to be repeated until the ear is cleansed, and a piece is left *in situ*. It may be medicated with an alkaline solution or with salt water.

NITRITE OF AMYL IN POST-PARTUM HEMORRHAGE has been used with most satisfactory results by Elias W. Kern, M. B. (*Brit. Med. Journal*, Nov. 1, 1879). The patient was in collapse when the nitrite was given by inhalation. The hemorrhage ceased at once and permanently, and the patient was restored.—*Archives of Medicine.*

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - DEC., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

WAS IT A MISTAKE, OR A WILLFUL SLANDER?

The following are the facts in the case; every *gentleman* is able to form his own conclusions:

In the Louisville *Medical News* for September 20, there appeared in a letter from Dr. L. P. Yandell, then in Paris, an attack upon Dr. Hammond so thinly disguised that no physician could be ignorant of the fact that it was intended for him. It charged an offense upon him of such a nature that every gentleman instinctively shrinks from its imputation. It alleged that he had taken several wood-cuts and descriptions from Professor Charcot and had printed them in his book on Diseases of the Nervous System as his own; making him out, in fact, to be one of the vilest of all offenders—a literary thief. It was furthermore stated that this charge was made by Prof. Charcott himself in a conversation with Dr. Yandell, and that a "distinguished American confrère" had supported the allegation.

Immediately on reading the communication in question, Dr. Hammond wrote the following letter to Prof. Charcot, and within a moderate time received the answer, of which we print a literal translation.* It will be seen that Prof. Charcot is very emphatic in his denial of Dr. Yandell's assertion, and highly appreciative of Dr. Hammond's work, but at the same time, we think is too lenient towards the person who had betrayed him. For if Prof. Charcot had said what he was alleged to have said, no one can doubt the shocking impropriety of its publication. This is not a matter which rests between Professor Charcot and Dr. Yandell—it is one in which every gentleman is interested.

*The letter and answer we transcribe from the *Hospital Gazette* of a recent date.

DR. HAMMOND TO DR. CHARCOT.

43 WEST 54TH STREET.
NEW YORK, Oct. 1, 1879.

SIR:—In a letter to the Louisville *Medical News* of September 20, 1879, from one of its editors, Dr. L. P. Yandell, dated Paris, August 29, '79, I find the following statement:

"Professor Charcot showed a number of crayons and photographs of rare cases of hysterical epilepsy and other neuroses, and he said one of your countrymen, in a work upon diseases of the nervous system reproduces these in his book, and with my description, but he forgot to mention that they were mine."

The writer then goes on to give his opinion of the "countryman" who has done this thing, in which it is difficult to say whether his ignorance or his malignity predominates.

Now, so far as I am aware, no American author other than myself has reproduced your representations of certain hysterical conditions, and I am forced, therefore, to the conclusion that the language attributed to you had reference to me.

If you did make these remarks allow me to observe that you said what was not true, and not only that, but that you committed a social outrage for which there is no excuse. If, however, as I strongly suspect, you did not express yourself in the way in which you are reported to have spoken, you, equally with me, are interested in exposing the malicious intermeddler who has distorted your expressions.

I write, therefore, to request of you an authoritative declaration on the subject.

In the meantime it may not be out of place for me to ask your attention to certain facts bearing upon the point at issue.

On referring to the "List of Illustrations" in my "Treatise on Diseases of the

Nervous System," New York, 1876, page 13, you will find that due credit has been given you for every illustration taken from your works. Those to which reference is made in the language you are reported to have used are 97, 98, 101, 104, 105 and 106.

Now, not satisfied with giving credit to you in the proper place as author of the illustrations referred to, I have, in the letter-press, spoken of them as follows:

Fig. 97, page 728, "Charcot cites an instance in which a woman aged fifty-five was seized eighteen years previously with a hysterical paroxysm followed by paraplegia and contraction. The extensors and abductors, as will be seen from the accompanying wood-cut (Fig. 97), are the muscles mainly affected."

Fig. 98, page 744, "A still more remarkable case is given by M. Charcot. The patient, a woman, had been for at least four years the subject of contraction of one of the lower extremities, as shown in the wood-cut, (Fig. 98)."

Fig. 101. This figure I have taken from M. Bourneville and have credited it to him (*Louise Lateau*, etc., Paris, 1875, p. 13), both in the "List of Illustrations," and on page 759. It may, however, be yours, as the case occurred in the Salpétrière; but, if so, I respectfully submit that it is with M. Bourneville you should find fault, and not with me.

Figs. 104 and 105. In reference to these illustrations I say (page 768):

"No one has written with greater effect in regard to the manifestations of hysteria and hystero-epilepsy than Charcot, and I cite from him the following instance: [*Leçons sur les maladies du système nerveux faites à la Salpétrière*, Paris, 1872–73, p. 301 et seq. (foot-note),] already referred to in another connection under the head of ecstasy."

Fig. 106, p. 771, "In further illustration of the period of contortions, in her case I take from M. Bourneville's excellent monograph the accompanying wood-cut (Fig. 106), made from a sketch taken on the spot by M. Charcot."

It, therefore, appears to me, and I think every unprejudiced person will agree with me, that in all these instances (and the same is true of every other that occurs in my work) I have given all proper credit. Certainly as much as you have given to M. Meynert and to M. Duret for the cuts you have taken from them and inserted in your valuable "*Leçons sur les localisations*," etc., and more than you have awarded to M. Ecker, whose figures 2, 3 and 4 you have transformed (without other alterations) into Figs. 12, 13 and 14, without, so far as I can find, a word of acknowledgment.

I shall await your answer with interest, and am, in the meantime, very respectfully,

Your obedient servant,

WILLIAM A. HAMMOND.

PROF. J. M. CHARCOT.

DR. CHARCOT TO DR. HAMMOND.

[Translation.]

PARIS, November 9, 1879.

Sir and Very Honored Colleague:

I have the honor to inform you that I have addressed to Professor Yandell, a letter, which I have requested him to publish as soon as possible in the Louisville *Medical News*, and you will find there, I hope, all the explanations you can desire relative to the regrettable incident you have brought to my knowledge.

But while awaiting the publication of that letter, I desire to say to you, honored colleague, that I never had the idea of complaining of the, to me, very honorable use you made of my "*Leçons sur les maladies du système nerveux.*" I have known too well your very estimable work, which I have read and reread before it was translated into French, not to be aware that all the plates and figures which are there reproduced from my "*Leçons sur les maladies du système nerveux*" are in the text very exactly attributed by you to their proper origin. If, therefore, our very honored colleague, Professor Yandell, has understood me to express a contrary opinion when I had the opportunity of exchanging a few words with him of which I have not retained the exact recollection, it must be ascribed to a misunderstanding for which I must blame myself, and which is doubtless due to my imperfect knowledge of the English language.

I beg you sir, and very honored colleague, to believe in the sincere esteem in which I hold your writings and to accept the assurance of my most distinguished consideration.

CHARCOT.

PARIS, 17 Quai Malaquais.

But this is not all; on Dr. Yandell's return to America, he had the slander reprinted in the New York *Sun*, under the heading: "Dr. William A. Hammond Accused of Outrageous Plagiarism." This

publication was promptly met by a letter from Dr. Hammond, which appeared in the *Sun* of the following day. A copy of the *Sun* was sent to Dr. Yandell—then, probably getting alarmed, he wrote to Professor Charcot on the subject.

Now, for the beginning of the end (for we understand that the *end* has not yet come). In the Louisville *Medical News*, of Nov. 29, are published a card from Dr. Yandell and a letter from Prof. Charcot. In the former the offending paragraph is simply withdrawn in compliance with Prof. Charcot's declaration, without a word of regret or apology for the outrageous violation of decorum and social and professional ethics committed. In the latter, Professor Charcot is even more outspoken than in his letter to Dr. Hammond. Among other things, he says:

"I may have told you, because that is exact, that several of the plates which appear in my Lectures on the Diseases of the Nervous System appear likewise in the work on the same subject by Dr. Hammond; but it would have become me very ill to complain of these legitimate loans. Indeed in his book Prof. Hammond has not failed to acknowledge, and to point out, generally very explicitly, the source whence came the plates in question. That is a fact which I had been able to establish formerly, which I have just verified anew by an examination *ad hoc*, and of which you can easily convince yourself if you will kindly turn, for instance, to figures 77, 78, 87, 88, 97, 98, 101, 104, 105, and 106 on the plate page 640 of the sixth edition of the treatise of Dr. Hammond (New York, 1876), as well as to the explanations in the text relating to them. These, much esteemed and dear colleague, are the facts in the case. I should feel very grateful to you personally if you would be pleased to make them plain by publishing the present declaration in one of the next numbers of your estimable journal; for it has become very important that, as far as the point at issue is concerned, entire justice be done to Professor Hammond."

Prof. Chhrcot is charitable enough to ascribe Dr. Yandell's misunderstanding(!) to his own imperfect knowledge of the English tongue. But as Dr. Yandell has specially called attention to Prof. Charcot's thorough acquaintance with that language, we might probably seek with more success for another reason, in which the "distinguished American confrère" * is not altogether uninterested.

As it is, we do not recall another instance of a baseless slander of the kind in the whole range of American medical journalism, and we hope it will be long before the like comes under our notice.

AN SERIOUS DILEMMA.

We find the following singular production in the *Republican* of Nov. 10. It is a letter addressed to A. N. Merrick, Esq., counsel for the homicidal lunatic, Redemeir, whose case was briefly related in the last number of this journal:

St. Louis, Dec. 8, '79.

Dear Sir:—I see in an article of the November number of the St. Louis Clinical Record, by Dr. Hazard, of this city, that Redemeier has had some epileptic seizures since his incarceration. If such be the case then I feel in duty bound to do all I can for him, as I fully agree with the writer of that article that to hang him under such circumstances would be a judicial murder. I therefore desire to do all that is in my power to do away with the effects of my testimony which was given while laboring under the influence of very different impressions as regarded his responsibility at the time the homicide was committed. The existence of epilepsy in his case would be, to my mind, most conclusive evidence of the best of reasons for his entire acquittal. I will, therefore, be most happy to do anything in his behalf that you will indicate, even, if necessary, to visit Jefferson City and interview the Governor in his interest. I am always willing to rectify any errors into which I may fall. You

* Dr. Lewis A. Sayre was with Dr. Yandell in Paris, and "distinguished" himself by characteristic conduct (oaths both loud and deep) in one of the Parisian hospitals, if we are to believe his faithful Boswell. *Vide* Dr. Y.'s Paris letter, *News*, Sept. 27th. Perhaps we are not far from the truth if we take the celebrated clitoridictomist for the "distinguished American confrere" referred to.

well know we are all fallible. Call on me, if you please, any afternoon between three and five P. M., so that I may ascertain your views as what measures I had better resort to in Redemeier's behalf.

Yours respectfully,

J. K. Bauduy,

2808 Olive street.

It will be observed that the writer of this curious letter takes particular pains to advertise his location as well as his office hours. This is a good business "dodge," even if it were not coupled with an affectation of high moral sentiments that is certainly very edifying. At the same time he implies one of two things: He either confesses that he gave a positive opinion against the unfortunate prisoner *without investigating the case*, or that he set aside important evidence to which he should have given great weight under improper influences.

It should be most clearly understood that the expert has no right to allow himself to be influenced by any personal interest he may have in the attorney for or against the prisoner. He must thoroughly investigate the case and be guided solely by the *facts presented*. In a criminal case especially, in which the liberty or even the life of a fellow being is at stake, the physician who permits the paltry fees that he expects to obtain for personal services to an attorney to swerve him from the path of scientific truth, is no expert; he is a wretched parody on what a *man* should be.

The Court of Appeals, which relied upon the testimony of this so-called expert in framing its opinion refusing Redemeir a new trial and demanding his speedy execution, is likewise placed in an unenviable position by this remarkable "change of heart" on the part of the chief witness for the prosecution.

Expert testimony and the opinions of scientific men generally are thus brought into disrepute. It will take several generations of *scientific* men to undo the damage thus inflicted through the weakness and vascillation of one member of the medical profession.

Lactopeptine.—Believing, as we do, that in this combination of digestive ferments we have a most powerful and, at the same time, harmless remedy for indigestion, we offer no apology for again directing attention to its claims for professional favor. It is pleasant to the taste, producesno disgust by the appearance that it presents to the eye, and hence can be given to young children and delicate invalids without the slightest difficulty. The proper dose is small in bulk, while every sample that we have examined (and they have been many in number) has been of the same uniform appearance and efficiency of action.

Dyspepsia has been termed "the American disease *par excellence*," but it is surely deprived of most of its terrors when it is known everywhere that in this agent we have a weapon upon which we can rely with almost certainty to meet the most annoying and painful of its symptoms.

Functional troubles of the stomach and bowels are overcome with more certainty, with greater promptitude, and in larger number with Lactopeptine than by any combination with which we are acquainted. Of course, it is no "cure-all," no specific for "all the ills that flesh is heir to," nor for all the derangements of the alimentary tract. Such a claim would be absurd. However, as an aid to digestion, an assistant to proper assimilation, we consider it simply invaluable.

An Old Confidence Game, such as frequently comes under the notice of the police authorities, is exposed in the November number of the St. Louis *Med. and Surg. Journal*. A feeble attempt at medical journalism was initiated about a year ago by certain "little big men" of this city. They assessed themselves and all the good, confiding, honest members of the profession they could wheedle into their little game, and raised enough money to keep the mon-

strosity in apparent life for one year. As the time approaches for a second year to begin, the managers find their exchequer in a desperate condition. They hit upon the old plan of electing more members—men who are ignorant of the wiles of the great city, innocents both far and near—in Missouri and beyond our borders—are elected members of this "association," without being first consulted upon the subject, or their wishes ascertained in any way. These are then informed of the honor(?) that has thus been thrust upon them, and at the same time are acquainted with the cheering information that they will be kicked out of this "honorable association" unless they immediately take at least twenty-five dollars' worth of stock in the concern.

It is the old story of the political "bummers" who are supposed "to have influence," etc., who fatten themselves on the spoils wrung from anxious would-be candidates before every great election. There are always plenty of geese to be plucked by such rascals, and we shall watch with interest for the names of new stockholders in the medico-political "association" referred to. If any reader of the CLINICAL RECORD is wheedled into thus parting with his money, we shall have no pity for him.

HYPOCRISY UNMASKED.—One of our city contemporaries pretends to give proceedings of the Southeast Missouri Medical Association, in its November issue. That "pretense" is the expression to use in this connection is proven by the fact that the resolutions endorsing the higher standard of medical education and some of the colleges which have adopted it *are omitted*. The unblushing hypocrisy of this pretended scientific publication is easily appreciated when it is remembered that the principle pretext for commencing the publication of the journal in question was the impudent assertion that the medical monthlies already in existence did not do enough to further the needed improvements in medical education! The donkey-like stupidity of such action as this which we record is certainly unparalleled.

MESSRS. REED & CARNRICK, of New York, have favored us with a number of samples of their "Maltine." These preparations are very elegant in appearance and agreeable to the taste. We have placed the specimens furnished us in the hands of competent gentlemen who will test their virtues and report thereon through these columns. We understand that the demand for the "Maltine" preparations is very large and constantly increasing.

Book Notices and Reviews.

A TREATISE ON HYGIENE AND PUBLIC HEALTH. Edited by Albert H. Buck, M. D., American Editor of Ziemssen's Cyclopædia of the Practice of Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York; Aural Surgeon to the N. Y. Eye and Ear Infirmery. 8vo. Vol. I, pp. 892—Vol. II, pp. 657. New York: William Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $10; sheep, $12.

When Messrs. Wood & Co. undertook the publication of Ziemssen's magnificent Cyclopædia of the Practice of Medicine, it was found that the first volume of the original work, devoted to State Medicine and Public Hygiene, was not adapted to the wants of the American profession. This volume was, therefore, omitted from the translation, and it was proposed to issue a supplementary work on the same class of subjects by American writers and calculated to meet the demands of the American physician. The two volumes now presented are designed to, and actually do, meet the requirements specified. As the subjects discussed are such as to command a large support from non-medical readers, these volumes are published separate from the Cyclopædia proper, as well as in connection

with it, of which they form Volumes XVIII and XIX.

We have delayed our notice in order to give the work a very careful examination, and that no undue enthusiasm should characterize what we should have to say in relation thereto.

The first volume contains an Introduction to the entire work by Surgeon John S. Billings, of the United States Army. This includes prefatory remarks, a general discussion of the causes of disease, and of the Jurisprudence of Hygiene. No one is more familiar with the subjects treated of, or more competent to write a calm and philosophical essay upon them than the eminent surgeon named. His discussion of the different theories of the causes of disease is marked by the characteristics above referred to. The germ theory and Listerism are provisionally accepted. In the latter portion of his paper, Dr. Billings labors very assiduously to establish sanitary legislation upon a firm basis, but is compelled to admit that there are many things with reference to the public health that legislation can not meddle with. The qualifications for the position of health officer, as given by Dr. Billings, are so beautifully exemplified in our St. Louis official that we really are unable to refrain from citing them:

"The branches of medical knowledge with which it is most desirable that the health officer should be familiar are not those most nearly related to therapeutics, and the most distinguished practitioner of a neighborhood may not be by any means the person best qualified for a sanitary appointment, although tact and good sense are equally necessary for both.

But the health officer should be a good diagnostician and pathologist; he should be thoroughly qualified to fill the position of coroner, and probably it would in most cases be best to merge the duties of that office with his own" (page 54).

How the best men for positions in the sanitary departments of cities are *not* to be selected, may be gathered from the following sentences (page 45):

"Neither election by the people nor appointment by municipal authorities has been found to give uniformly good results. What the results may be are shown in the case of New York City. 'Men elected by party caucuses were treated as competent to administer the science of health and to solve the problems of sanitary precaution. Health wardens and other officers were allowed to be selected and salaried without limit by the city aldermen and conncilmen. It is no wonder that the exercise of sanitary authority soon become a greater peril than miasma and contagion; that political doctors become the agents of partisan and mercenary city officials; that a mayor of New York, by no means scrupulous or timid, did not dare, for a whole term, to even call a meeting of the New York Board of Health; that of the forty-eight health wardens and assistants, more than one-half were keepers of corner groggeries, and the other half were partisan repeaters and bullies; that nearly the whole sanitary force of the city was, for utility, worse than a sham, and was, in reality, a scandal and a peril to a civilized community.'"

We shall endeavor to keep our own official within due bounds, and thus prevent such a condition of affairs as has prevailed in New York. As our author remarks (page 63): "Those who are charged with the care of the public health are responsible, not only for possessing existing knowledge, but for the increase of knowledge; and they may never 'rest and be thankful, for the ancient Sphynx meets them at every turn, and her demand never ceases: Read me my riddle, O! man, and I will be thy slave; neglect it, or fail, and thou shalt surely be doomed.'"

Part I.—Individual Hygiene, begins with a very valuable and readable paper by Dr. A. Jacobi, of New York, on Infant Hygiene. The sections given to infant feeding are especially good. A short addendum on the age of scnooling might very well have been omitted, as the hygiene of school life is treated of at greater length in the second volume.

The subjects of Food and Drink are concisely treated of by Prof. James Tyson, of

Philadelphia. The latter sections, on certain conditions and diseases resulting from the use of defective, deficient, excessive, or diseased food, are written in the author's best style, and are very instructive, especially to the general reader.

Prof. Wm. R. Nichols, of Boston, contributes an article, covering about one hundred pages, on Drinking-Water and Public Water-Supplies. The main portion of the paper is of especial interest to those public servants whose duty it is to provide our cities with water, while the section on the Sanitary Examination of Water is valuable to every man who values his health and that of his family. It is evident, however, that much remains to be accomplisned before we can place implicit faith in the statements of the ordinary sanitary chemist as to the amount of organic matter present in a given specimen of drinking-water and the nature of the contaminating substances.

Physical exercise is treated of in a very pleasing and instructive manner by Dr. A. Brayton Ball, of New York City. The dangers awaiting the "go-as-you-please" pedestrian maniacs are pointed out, as well as those incurred by those who leave off training of any form too suddenly and completely.

Dr. A. Van Harlingen, of Philadelphia, is well known as a very competent dermatologist, hence we are not surprised at finding his contribution, on the Care of the Person, to be very well written and full of sensible suggestions. We are somewhat at a loss to account for his omission to describe Dr. C. E. Michel's method of removing superfluous hair. Dr. Michel's article appeared in the CLINICAL RECORD for October, 1875:

Part II.—HABITATIONS, opens with a long and exhaustive paper on Soil and Water, by Dr. W. H. Ford, president of the Philadelphia Board of Health. The great importance of this paper will be understood when it is stated that all the questions connected with drainage, and the pollution of the soil by excreta and interments, the removal of these sources of defilement and those diseases connected with such conditions of the soil as are thus caused, are considered within its limits. To the architect and the sanitary engineer this portion, with the one following, will be found of very great value.

The Atmosphere, an article contributed by Dr. D. F. Lincoln, of Boston, of course is largely taken up with the subject of ventillation. The subject of the heating of dwellings is very carefully considered and the best forms of warming apparatus described. It is one of the best chapters in the work.

An essay on the General Principles of Hospital Construction, by Dr. F. H. Brown, of Boston, closes the first volume. This article is essential to the completeness of the work, but of value only to the executive officers of large cities and of the War and Treasury departments. It contains little of interest to the ordinary reader, lay or professional.

Part I, of the second volume (Occupation) begins with a well-written chapter on the Hygiene of Occupation. This delineates the dangers incidental to the various trades and the methods of reducing them to a minimum.

The Hygiene of Camps, by Assistant Surgeon Charles Smart, of the United States Army, is very good, but of little interest to those not in military service or expecting to become connected therewith. The same may be said of the next paper, on the Hygiene of the Naval and Merchant Marine, by Dr. T. J. Turner, Medical Director of the United States Navy, and member of the National Board of Health. These articles, with that on Hospital Construction, render the work indispensable to medical officers of the Army, Navy and Marine Hospital Service.

The article on Hygiene of Coal Mines, by Henry C. Sheafer, coal editor of the *Miner's Journal*, is one of great interest to

the thousands of persons connected with this great industry. The ventilation and lighting of coal mines, naturally, comes in for a good share of the author's attention.

The Hygiene of Metal Mines, by Rossiter W. Raymond, editor of the *Engineering and Mining Journal*, of New York, is of a similar degree of importance.

Part II.—Public Health—opens with a paper on Infant Mortality, by Dr. Thomas B, Curtis, of Boston. In this paper the author goes over much of the ground already occupied by Dr. Jacobi in the first volume. He accepts Parrot's "new disease," athrepsia, which seems to be a younger member of the scrofulosis family. In other words, like scrofula, it is simply a condition of acute or chronic mal-nutrition, but without satisfactory pathological anatomy, causation or therapeutics. A paper—a very good one—on Vital Statistics, follows. It is by the same author, and demonstrates anew the incompleteness of our data for estimating the general prevalence of disease.

Adulteration of Food, by Stephen P. Sharples, chemist, of Boston, is a paper of exceptional value to sanitary officers everywhere. Methods for detecting all sorts of fraudulent mixtures palmed off for food and drink are carefully and clearly described.

Dr. Roger S. Tracy, of New York, gives nearly one hundred pages to Public Nuisances. No sanitary officer can afford to ignore this very excellent article upon a very disagreeable class of subjects. Every householder and manufacturer should read it—"to be forewarned is to be forearmed."

Quarantine, with reference solely to seaport towns, written by Dr. Vanderpoel, Health Officer of the port of New York, is a short, practical and reasonable article. Inland quarantine is cautiously defended and commended by Dr. S. S. Herrick, of New Orleans. He thinks the General Government should undertake its supervision.

Drs. A. McLane Hamilton and Bache McE. Emmet, of New York, write an article upon Small-Pox and Other Contagious Diseases. Few, if any, new facts are brought forward in regard to the prophylaxis of these affections. Well-known views are well and succinctly presented.

Dr. F. R. Sturgis, of New York, who has already made his mark as a syphilologist of no mean standing, contributes an important paper on the Hygiene of Syphilis. Dr. Sturgis considers first, the contagious character and danger resulting from syphilis; second, its effect upon health and longevity; and, third, the means adopted for its control. We have space for a few words regarding the last mentioned point. With reference to legislation, with a view to the control of prostitution by enforcing registration and examination of harlots, he thinks such measures might be very useful in some of the large cities, but is of the opinion that but little will be accomplished until a decided change takes place in the feelings and customs of the country. In this we most heartily agree.

Disinfectants, by Elwyn Waller, Ph. D., chemist, of New York; Village Sanitary Associations, by Dr. Roger S. Tracy, of New York; and an elaborate paper on School Hygiene, by Dr. D. F. Lincoln, of Boston, close the volume. Very useful bibliographical tables are appended to each article and add much to their usefulness.

These volumes contain a vast amount of important information, and should be in the hands of every sanitary officer, every teacher, every professional man and every citizen who would be well informed throughout the land. The volumes are substantially bound and present a most attractive appearance.

American Health Primers:—

III. The Summer and its Diseases. By James C. Wilson, M. D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, etc., etc.

IV. Eyesight, and How to Care for it. By George C. Harlan, M. D., Surgeon to the Wills' Eye Hospital, etc. Philadelphia: Lindsay & Blakiston. 1879.

V. Winter and its Dangers. By Hamilton Osgood, M. D., Editorial Staff of the Boston *Med and Surg. Journal.* 16mo. pp. 160. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, each 50 cts.

The editor, Dr. Keen, has succeeded most admirably, thus far, in presenting the people with popular medical literature of the right sort. The public health is at last attracting the intelligent attention of the public, and our medical authors and publishers are performing the very best of service by meeting the popular want.

III. Dr. Wilson presents, within a very small compass, a graphic account of the principle summer diseases of this climate: Sunstroke and Heat Fever, Summer Diarrhœ and Dysentery, Cholera-Infantum, Summer and Autumnal Fevers, Summer Colds and Hay Asthma, and The Skin in Summer and its Diseases, are the titles of the respective chapters comprising the work. The book abounds in good plain advice, explicitly given, and will be found of great value by the laity, besides giving many hints to the physician.

IV. Dr. Harlan endeavors to popularize the anatomy of the eye and the physiology of vision, in order that his non-professional readers may properly understand the force of his cautions and recommendations. This part of the book is pleasantly and intellgibly written, and makes interesting some of the dryest subjects that can be imagined. The short account of the ophthalmoscope is calculated to render the use of the instrument, as it should be, more popular. The common injuries and diseases of the eye are then noticed, and good, common-sense directions are given for such treatment as can be made use of "till the doctor comes." Old-sight, long-sight, short-sight and astigmatism are then clearly and pleasantly described, with indications for the proper selection of glasses to remedy the defects. The suggestions for the care of the eyes are good; the author believing the "coming" light to be that furnished by electricity. The effects of school life upon the sight are well described, and many dangers are indicated. Every teacher and school director should read this chapter at least,

VI. Dr. Osgood lives in a most inclement climate, the dangers of which he fully appreciates. The "dangers" to which he calls especial attention are those arising from errors in dress, carelesness and ignorance in bathing, inattention to pulmonary food, from overheated air, indifference to sunshine, sedentary life and neglect of exercise, those pertaining to school life in Winter, Winter amusements, with some closing considerations.

The corset comes in for a good deal of well-merited abuse, flannel is duly praised; horse cars, with their frequent draughts, thin boots and rubber overcoats are all properly condemned. Some excellent advice is given with respect of night-dresses, especially those of children and aged people. Excellent suggestions are given with reference to bathing, *e. g.* "Recently, a young lady took her bath at ten o'clock, A. M., and immediately after went a long distance *in a horse-car.* She was not insane, but merely thoughtless. The result was a lesson of illness which she will not soon forget." By "pulmonary food" our author means atmospheric air, and his chapter is intended to enforce some good ideas regarding ventilation. Woollen carpets and colored wall-paper are blamed for causing much disease. "Night air" in Boston and the variety found in the lowlands of the Southwest is not exactly the same article. If the learned author would remember this, he would refrain from his indiscriminate praise thereof. But, of course, he cannot be expected to know much about malaria; at all events, he might be induced to qualify his advice by cautioning against first-floor bed-rooms. The dangers from overheated air and deficient amount of sunlight in houses are not overstated. The beneficial effects of exercise of the body are well set forth as well as the dangers that beset our

children in their school-rooms and playgrounds. The dangers of sleigh-riding, snow-balling and skating are alluded to, and the book closes with the admonition that the preservation of health is a *duty*. This is enforced with much earnestness and feeling.

All in all, Dr. Osgood's little book is a valuable one, although many may think that he is a little "fussy" and places too much importance upon small details. But it cannot be too often repeated, that attention to minute details is the secret of success, and success in the preservation of health is a large element of success in life; business interests of any kind have but a subordinate value in comparison.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M. D., LL. D., Late Prof. of Ven. Diseases at the Coll. of Phys. and Surgeons, N. Y.; Late Surg. to the N. Y. Eye and Ear Infirmary; Consulting Surg. to Charity Hospital, Etc., Etc. Fourth Edition, Revised, Enlarged, and in great part Rewritten by the Author and by R. W. Taylor, A. M., M. D., Prof. of Skin Diseeses in the Univ. of Vt.; Attending Surg. to Charity Hospital, Etc., Etc. With 138 Wood-Cuts. 8vo. pp. 835. Philadelphia: H. C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 75; sheep, $5 75.

Professor Bumstead's treatise has long been regarded as one of the best expositions of our knowledge of venereal diseases extant. During the time which has elapsed since the appearance of the third edition a vast amount of new material has accumulated making the work of revision one of the greatest magnitude. The association of Dr. R. W. Taylor in this labor can only be eonsidered as an evidence of ripe judgment on the part of the author. Dr. Taylor has already made some exceedingly valuable contributions to this branch of surgery, and there is probably no one in this country who possesses a higher degree of qualification for the work undertaken.

The volume now presented as the joint work of two of our best venereal specialists is in every way creditable not only to the authors but to the American profession. It is, practically, a new work; taking the last edition as a basis, it is a vast improvement upon it. The number of pages has not been greatly increased, but the size of the page has been augmented and a closer arrangement of matter has permitted a large increase in its contents.

In formulæ, the metric has been given along with the ordinary measures, according to the whim of many of the "advanced thinkers" who endeavor to control certain of our self-styled scientific bodies. In the present work, the confusion thus occasioned is somewhat disheartening to any man who would like to follow our metric brothers in all their vagaries. We give a few examples: On page 101, ʒiii of water equal 90 grams; on page 102, ʒviii of water are made to equal 250 grams; on page 335, a teaspoonful is made equal to 5 grams, on the following page, and in many other places, it is only equal to 4 grams. On page 335 we are ordered to add 145 grams to a mixture already containing 107 grams, to make four ounces, or, if we have mistaken the reading, 145 grams are made equivalent to ʒiv. If the metric system is to be crowded down our throats *nolens volens*, let the "crammers" follow some uniform system. Thus far, the effort has proven futile to the last degree.

Among the more useful additions to the new edition, we remark Chapter XII of Part III, on Certain Simple Cutaneous Affections of the Genitals: eczema of the scrotum and penis, tinea circinata inguinalis, scabies, phtheiriasis pubis, tinea or pityriesis versicolor, and lupus erythematosus of the penis. A careful study of this chapter will enable the general practitioner to avoid many grievous errors in diagnosis and treatment.

Chapter XVII (same part), on Affections of the Organs of Respiration, Chapter XX, on Syphilitic Affections of the Nervous

System, and Chapter XXVI, on Hereditary Syphilis, are all most excellent and brought up fully with the present state of science.

In concluding this very imperfect notice, we give it as our opinion, after careful deliberation, that this work is the best upon the subjects treated that we have ever examined. The third division, on syphilis, is above all the praise that we have accorded the entire work.

As we go to press, we regret to learn of the death of Professor Bumstead. By his industry he has enriched American medical literature, and by his example he has raised the specialty with which his name will be long connected out of the disrepute into which it had fallen in this country. Peace to his ashes!

MEMORIAL ORATION IN HONOR OF EPHRAIM McDOWELL, "The Father of Ovariotomy." By Samuel D. Gross, M. D., LL. D., Oxon. Delivered at Danville, Ky., at the Dedication of the Monument Erected to the Memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14, 1879. Published by the Society. Louisville, Ky.: Printed by John P. Morton and Company, 1879. From Dr. Coleman Rogers, Chairman Committee of Publication.

The Kentucky State Medical Society and the profession of that great State have earned high honors by raising a fitting monument to the "Father of Ovariotomy." The beautiful volume before us commemorates the completion of the noble work and contains a record of all the steps taken towards the object in view and the dedication exercises.

Dr, Gross was chosen to deliver the oration, and a more proper selection could not have been made. It is to him, principally, that we owe the recognition of the fact that Ephriam McDowell was the first to perform the operation successfully and thus establish ovariotomy as one of the priceless boons conferred upon suffering humanity by the science of surgery.

The volume is issued in most excellent style by the Messrs. Morton, and contains a fine portrait of Dr. McDowell. Every gynecologist will wish to possess a copy, and we learn that Dr. Coleman Rogers, of Louisville, has a few remaining on his hands which he will dispose of, for the benefit of the Monument Association, at the very reasonable price of one dollar.

BOOKS & PAMPHLETS RECEIVED.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond., Prof. of Princip. and Prac. of Med. in University College, Etc., Etc., Etc. With numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D., Formerly Prof. of Practice of Med. in Med. Dep't of Penn'a College, Etc., Etc., Etc. In three volumes. Vol. I. General Diseases and Diseases of the Nervous System. Large 8vo. pp. 1127. Philadelphia: Henry C. Lea. 1879. St. Louis: J. M. Chambers, Agent. Sold only by subscription. Three volumes, cloth, $15; leather, $18.

A TEXT BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S. Prælector in Physiology and Fellow of Trinity College, Cambridge. 8vo. pp. 720. With illustrations. Third Edition, Revised. London: Macmillan & Co. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, $3 50.

INFANT FEEDING and its Influence on Life, or the Causes and Prevention of Infant Mortality. By C. H. F. Routh, M. D., M. R. C. P. L., Etc., Etc., Etc. Third Edition. 8vo. pp. 270. New York: William Wood & Co., 27 Great Jones st. 1879. St. Louis: C. C. Pease, Agent. Cloth, $1 00. Wood's Standard Library. Sold by subscription only.

MEDICAL CHEMISTRY, including the Outlines of Organic and Physiological Chemistry. Based in part upon Riche's *Manual de Chimie*. By C. Gilbert Wheeler, Prof. of Chemistry in the University of Chicago, and formerly Professor of Organic Chemistry in the Chicago Med. College. Second and Revised Edition. 12mo. pp. 424. Wm. Wood & Co., N. Y. 1880. From the Author. Cloth, $3 00.

American Health Primers:

The Throat and the Voice. By J. Solis Cohen, M. D., Lecturer on Diseases of the Throat and Chest in Jefferson Medical College, and on Physiology and Hygiene of Voice in the National School of Elocution and Oratory. 16mo. pp. 159. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents.

The Mouth and the Teeth. By J. W. White, M. D., D. D. S., Editor of the *Dental Cosmos*. 16mo. pp. 150. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, 50 cents.

The Physician's Visiting List for 1880. Twenty-Ninth Year of Publication. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. Tucks. $1.

Tobacco Poisoning and its Effects upon the Eyesight. By A. W. Colburn, M. D., Atlanta, Ga. Reprint from Transactions Medical Association of Georgia. From the Author.

Transactions of the Twenty-Ninth Anniversary Meeting of the Illinois State Medical Society, held at Lincoln, May 20 and 21, 1879. 8vo. pp. 302. Chicago: C. H. Blakely & Co., 88 Dearborn street, Printers.

The Physician's Daily Pocket Record, Comprising a Visiting List, many useful Memoranda, Tables, Etc. By S. W. Butler, M. D. Fourteenth year. New and thoroughly revised, stereotype edition, with metric posological table, etc. Edited by D. G. Brinton, M. D. Philadelphia: Office *Med. and Surg. Reporter*, 115 S. 7th st, 1880.

Photographic Illustrations of Skin Diseases. By Geo. H. Fox, A. M., M. D., Clinical Prof. of Dermatology, Starling Medical College, Columbus, Ohio, Etc., Etc., Etc. Complete in twelve parts, 48 colored plates taken from life. Part 3—Fibroma (*pendulum*), Varicella, Zoster (*pectoralis et lumbalis*), Eczema (*universale*). New York: E. P. Treat, No. 805 Broadway.

Regulations for the Government of the U. S. Marine Hospital Service. Approved by the Secretary of the Treasury, Nov. 10, 1879. Advance copy. Washington: Government Printing Office, 1879.

Annual Address before the American Academy of Medicine, at New York, Sept. 16, 1879. By Lewis H. Steiner, A. M., M. D., President. Published by direction of the Academy.

Reprints:—

Psycho-Physiological Education of an Idiotic Hand. By Edward Seguin, M. D., Author of "Idiocy and its Treatment. *Archives of Medicine*, Oct. 1879. From the Author.

Treatment of Fractures of the Lower End of the Radius. By R. J. Levis, M. D. Transactions Medical Society of the State of Pennsylvania, 1879.

The Extirpation of the Ovaries for some of the Disorders of Menstrual Life. By Wm. Goodell, A. M., M. D. Transactions Medical Society of the State of Pennsylvania. From the Author.

A Contribution to the Hæmatinic Properties of Dialized Iron. By Robert Amory, M. D. Boston *Med. and Surg. Journal*, April 3, 1879.

Miscellaneous Notes.

A Question of Respectability.—The Philadelphia *Medical Times* of a recent date contains the following suggestions from the pen of its talented editor:

"It is certainly becoming more and more apparent that the school which desires to be considered *even respectable* must adopt the new methods. * * * * * Public opinion is already reaching the point that the reputation of medical men who are connected with schools of the old style is beginning to be injured (at least, in the profession) instead of being increased by the connection. In time this loss of prestige will become so great that in very self-defense men of eminence will shrink from belonging to an inferior school, even if a large pecuniary reward is to be reaped by the dishonor."

Our "men of eminence" will do well to make a note of this, and govern themselves accordingly.

Loss of Memory from Heat.—Mr. John A. Church gives, in the *Scientific American* for Nov. 1, 1879, an account of the various

effects caused by the excessive heat of the lower levels of the silver mines of Nevada, especially in the Comstock lode. The temperature of 128° F. in one part of the mine where a man named Thomas Brown was working caused him to faint. On being revived, it was found that his memory was completely lost. He knew the name of no person, not even his own. Such a loss of memory as this is said to be of frequent occurrence in those mines.

Replantation of Teeth.—This subject has received so much attention from some of our contemporaries as to give rise to the idea that the process is a new one. That this is an error is well shown by a writer in the *Dental Cosmos*, who extracts the following from "A Practical Essay on the Human Teeth," by Paul Eurialius Jullion, London, 1781:

"When there is a cavity formed on the side of a tooth, by caries or decay, which cannot be filled up on account of its being inaccessible while the tooth remains in the head, it is advisable to take it out, and stop up the cavity; when this is done, and the tooth properly replaced in its socket, it will, with due care, become as firm and serviceable as ever, provided the patient be then in health."

Oil of Turpentine in Some forms of Paralysis.—Dr. J. B. Grove recommends (*Am. Practitioner*) the following mixture:

℞ Mucil. gum. acac., - - ʒiij;
Ol. terebinth., - - - - ʒj;
Spts. lav. comp., - - - ʒj.
M. S.—Tablespoonful three times a day.

In two cases of paraplegia, one of three years, the other of eighteen months duration, recovery was nearly perfect; after entire failure of other treatment. In two cases of complete paraplegia with paralysis of one arm, improvement was very marked, although complete recovery did not follow its use.

Definition of Evolution.—The *Chemist and Druggist* observes that it was Herbert Spencer who made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." And it was the mathematician, Kirkman, who translated the definition into plain English: "Evolution is a change from a nohowish, untalkaboutable, allalikeness, to a somehowish, and in-general-talkaboutable, not-at-all-alikeness, by continuous somethingelsifications and sticktogetherations."—Philadelphia *Med. and Surg. Reporter.*

Soup.—Sir Henry Thompson (quoted from the *Nineteenth Century* in the *Sanitarian*) strongly commends the fashion of beginning a dinner with soup, and gives some excellent reasons for the practice. This habit has, without doubt, its origin in the fact that aliment in this fluid form—in fact, ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity, sits down with a sense of exhaustion to commence his principal meal. * * * * Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small installment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portien of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

Shot-Gun Quarantine.—Sanitary inspection and snpervision, rigidly and intelligently enforced, will prove as effectual in preventing the spread of contagious and infectious diseases along the lines of travel and trade as the most absolute shot-gun quarantine.—*Bulletin* of the National Board of Health.

A friend suggests the following as a suitable motto for the obstetricians:

"Cash on *delivery,* if you please!
'Twill make us all much at our ease."

The Chicago *Medical Gazette* is a new candidate for professional favor. It is a lively, well conducted bi-weekly, and is edited by Dr. Dudley, formerly house surgeon to the New York Woman's Hospital. It bids fair to be a successful venture.

The Boston *Medical and Surgical Journal* will put on a new dress on New Year's Day, and become, in every sense, a medical *newspaper*. The specimen pages give good promise.

FORMULÆ & THERAPEUTICS

—OF—

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PHOSPHORUS PILLS.

(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

1.—PIL. PHOSPHORI 1-100 gr., 1-50 gr., or 1-25 gr. [Warner & Co.]

DOSE.—One pill, two or three times a day, at meals.

THERAPEUTICS.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

2.—PIL. PHOSPHORI CO. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicæ, ¼ gr.

DOSE.—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

3.—PIL. PHOSPHORI CUM NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., ⅛ gr.

DOSE —One or two, three times a day, at meals.

THERAPEUTICS —This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

4.—PIL. PHOSPHORI CUM FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.

DOSE.—*For Adults*—Two, twice or three times a day, at meals; *for children between* 8 *and* 12 *years of age*—one, twice or three times daily, with food.

THERAPEUTICS —This combination is particularly indicated in *consumption*, *scrofula* and the scrofulous diseases and debilitated and anæmic condition of children; and in *anæmia*, *chlorosis*, *sciatica*, and other forms of neuralgia; also in carbuncles, boils, etc. It may be administered also to a patient under cod-liver oil treatment.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

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5.—PIL. PHOSPHORI CUM FERRO ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom., ¼ gr.

DOSE.—One or two pills may be taken three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

6.—PIL. PHOSPHORI CUM FERRO ET QUINIA. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr.

DOSE.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., ¼ gr.; Quinæ Sul., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

8.—PIL. PHOSPHORI CUM QUINIA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.

DOSE.—*For Adults*—Two pills may be given to an adult twice or three times a day, with food ; and one pill, three times a day, to a child from 8 to 10 years of age.

THERAPEUTICS.—This pill improves the tone of the digestive organs, and is a general tonic to the whole nervous system.

9.—PIL. PHOSPHORI CUM QUINIA CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., ½ gr.; Strychniæ, 1-60 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—This excellent combination of tonics is indicated in a large class of nervous disorders accompanied with anæmia, debility, etc., especially when dependent on dissipation, overwork, etc. Each ingredient is capable of making a powerful tonic impression in these cases.

10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom., ¼ gr.

DOSE.—One or two pills may be given to an adult twice or three times a day. at meals; to children, from 8 to 12 years of age, one pill, two or three times a day,

THERAPEUTICS.—The therapeutic virtues of this combination do not need special mention.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

WARNER & CO.'S PHOSPHORUS PILLS.

11.—PIL. PHOSPHORI CUM QUINIA ET DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., ½ gr.; Pulv. Digitalis, ½ gr.; Pulv. Opii, ¼ gr.; Pulv. Ipecac., ¼ gr.

Dose.—One or two pills may be taken three or four times daily, at meals.

Therapeutics.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoscyami, 1 gr.

Dose.—One pill may be taken three or four times in twenty-four hours.

Therapeutics.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart valvular disease aneurism, etc.*, it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

Dose.—One pill, to be taken three or four times a day, at meals.

Therapeutics.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Cannibis Ind., ¼ gr.

Dose.—One or two pills, to be taken twice or three times a day, at meals.

Therapeutics —The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Morphiæ Sulph., 1-12 gr.: Zinc. Valer., 1 gr.

Dose.—One pill may be taken twice or thrice daily, or two, at bedtime.

Therapeutics.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil.*

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ' ½ gr.; Ext. Nucis Vomicæ, ¼ gr.

Dose.—One may be given daily at or immediately after dinner.

Therapeutics.—In *atonic dyspepsia, neuroses of the stomach, hypochondria* and *constipation*, this combination fulfils important indications.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

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SOLUBLE SUGAR-COATED

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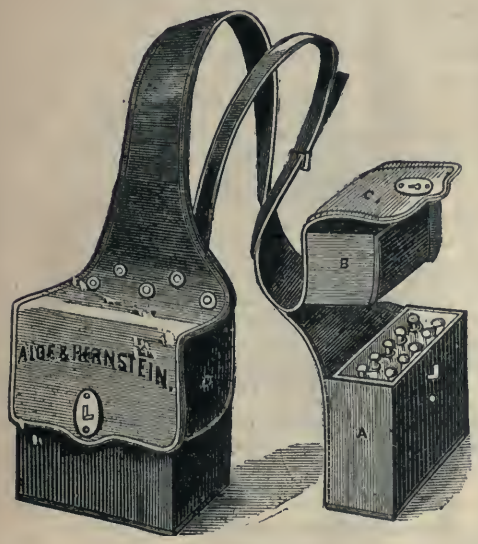

This Bag is the most complete and durable Bag in the Market, and will give the best satisfaction to the Profession of any Bag ever offered. The Bag is entirely riveted with copper rivets, thereby doing away with the old style of sewing, which has been the great objection heretofore. The boxes containing the bottles are made of the best Tin Metal. A is the metal box containing the bottles; B is the box used to carry instruments, powders, etc.; C is the flap, which holds the upper and lower boxes, A and B, firmly together, being fastened by a turn lock, which holds the contents in their place; D represents the Bag when closed. It is the only Bag made that has a complete water shed to prevent the contents from getting wet.

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During the past year we have received nearly one thousand letters from the Medical Profession in this coautry and Great Britain, referring to the therapeutic value of MALTINE; *their character is indicated by several extracts which we present below.*

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M.D., *Res. Phys. City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREET, M. D.,
Res. Phys. Maternite Hospital.

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled condition of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming *a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.*

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
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I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S.,
Sen. Surg., Centl. Throat and Ear Hosp., etc.

75 LEVER ST., PICCADILLY, MANCHESTER.
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. B., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

By R. Ogden Doremus, M. D., LL. D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE; PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

New York, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where Maltine is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

Maltine is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By Prof. John Attfield, F. C. S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN; AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

London, 17 Bloomsbury Square, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

Gentlemen:—I have analysed the extract of malted Wheat, malted Oats and malted Barley, which you term Maltine. I have also prepared, myself, some extract from these three malted cereals, and have similarly analysed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your Maltine belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your Maltine is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully, JOHN ATTFIELD.

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MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Hops.
MALTINE with Hypophosphites.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phos. Iron, Quinia and Strychnia.
MALTINE Ferrated,
MULTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

Maltine is now in the hands of the Wholesale Trade throughout the United States.

We guarantee that Maltine *will keep perfectly in any climate, or any season of the year.*

Faithfully Yours,
REED & CARNRICK, New York.

MERRELL, THORP & LLOYD,

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"Messrs. MERRELL, THORP & LLOYD.—We call attention to the advertisement of this enterprising Cincinnati firm which appears for the first time in this number. It is one of the oldest established houses in the country and has a well-earned reputation for dealing in pure pharmaceutical preparations, drugs and chemicals. They are prepared to furnish physicians direct with anything required. We notice that they received the ONLY gold medal awarded at the last Cincinnati Exposition for the best display of drugs and chemicals."

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The rapidly increasing demand for our IMPROVED EXTRACT OF MALT during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. It represents the soluble constituents of Malt and Hops, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES OF LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

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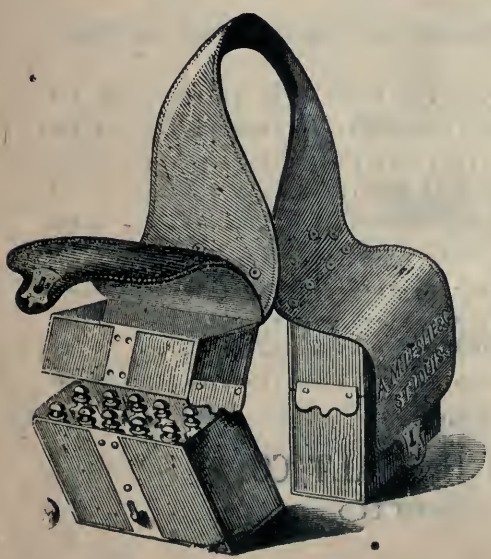

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Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

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Chemical analysis and physiological experimentation have been laid under contribution to bring abont this result, so that we could offer a tried remedy, with the consciousness of having exerted our best efforts towards lightening the labors of the physician, and placing in his hands a worthy weapon in combating disease.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without a corresponding beneficial result.

It will be found a faithful representative of all the desirable properties of ergot, which tend to accelerate labor and assist nature's protracted efforts, while it is superior in its application to other uses of this drug.

Our method of preparation in its general features consists, first, in determining the value and constituents of the very best obtainable fresh ergot, selected from a large number of samples.

Having once ascertained the maximum value, and adopted this as a standard, each succeeding parcel of our "Liquor Ergotæ Purificatus" is made to conform to this strength, so that the active principles of sixteen Troy ounces of such standard ergot would be represented by sixteen fluid ounces of our finished preparation.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth, it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

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PISCIDIA ERYTHRINA. This drug is now for the first time placed before the medical profession of the United States for trial as to its general merits as a narcotic and antispasmodic, but more especially as a substitute for opium as an anodyne. According to Prof. Fernando Altamarano, M. D., of Mexico, experiments upon animals have demonstrated the power of this drug, in large doses, to produce prompt paralysis of the motor nerves, while it does not affect the great centres of innervation (cerebellum and medulla), the great sympathetic nerve or the smooth or non-striated muscular fibre. Neither does it affect the seat of intelligence, the heart rythm, the temperature or peristaltic action.

In the opinion of Prof. Altamarano piscidia is indicated in the following affections: writers' cramp, chorea, tetanus, poisoning by strychnia, puerperal eclampsia, convulsions in children, epilepsy, hydrophobia, and angina pectoris.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. He first tried it on himself, when laboring under severe toothache, taking a fluid drachm of the tincture in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensations which follow a dose of opium.

Dr. Hansen, of Jamaica, writes concerning this drug, as follows: In Brazil the bark of piscidia erythrina, as well as that of erythrina corallodendron, is extensively used under the name of mulungu or murungu.

At present no one denies that the mulungu has an established reputation as a nervous sedative; it is applied by all the faculties, which proves that its therapeutical reputation is merited and confirmed. With us it is not only applied externally in lotions, but internally as well. Its action seems to be over the nerve centers; it causes sleep without producing the cerebral hyperæmia, which succeeds opium and the active principles extracted therefrom. The sleep is tranquil and refreshing; it soothes bronchial cough and moderates the paroxysm in asthma and nervous coughs. It has also been pronounced an excellent remedy against chronic hepatitis and obstructions of the liver.

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